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SIXTEENTH ANNUAL REPORT
OF THE
STATE BOARD OF INSANITY

1914

UNIVERSITY OF
MASSACHUSETTS

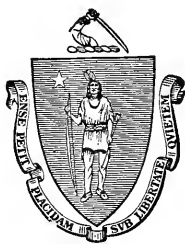
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SIXTEENTH ANNUAL REPORT
OF THE
STATE BOARD OF INSANITY
OF
The Commonwealth of Massachusetts
FOR THE
YEAR ENDING NOVEMBER 30, 1914.



BOSTON:
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1915.

APPROVED BY
THE STATE BOARD OF PUBLICATION.

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MEMBERS OF THE STATE BOARD OF INSANITY.

Nov. 30, 1914.

MICHAEL J. O'MEARA, M.D., <i>Chairman,</i>	Worcester.
L. VERNON BRIGGS, M.D.,	Boston.
CHAS. E. WARD,	Buckland.

OFFICERS.

LOWELL F. WENTWORTH, M.D.,
Deputy Executive Officer.

A. WARPEN STEARNS, M.D., *Assistant to Board.*

NELLIE F. BALL, <i>First Clerk.</i>	CLARA L. FITCH, <i>Stenographer.</i>
FLORENCE H. MCINTIRE, <i>Stenographer.</i>	M. LOUISE SMALL, <i>Clerk.</i>
EDA W. FITCH, <i>Clerk.</i>	REBECCA F. WARSHAW, <i>Clerk.</i>
LILLIAN H. SINCLAIR, <i>Stenographer.</i>	

ELMER E. SOUTHARD, M.D., *Pathologist.*

MYRTELLE M. CANAVAN, M.D., *Assistant Pathologist.*

LILLIAN D. RIDER, *Stenographer.*

ELMER R. LIBBY, *Financial Agent.*

REBECCA J. GREENE, <i>Accountant.</i>	BESSIE M. FIELD, <i>Stenographer.</i>
EDITH A. STEVENS, <i>Clerk.</i>	JOHN I. ROBINSON, <i>Clerk.</i>

FRANCIS B. GARDNER, *Support Agent.*

BENJAMIN F. WARD, <i>Visitor.</i>	FREDERICK R. HOUGHTON, <i>Visitor.</i>
PAUL A. GREEN, <i>Visitor.</i>	MAUDE F. FREETHY, <i>Stenographer.</i>

MARY L. BALLOU, *Clerk.*

WILLIAM T. HANSON, M.D.,

Medical Director of Family Care of Harmless Insane.

MABEL G. GRAGG, *Visitor.*

FRED F. FLANDERS, Ph.D., *Chemist.*

Department of Standards.

EMILY L. HAINES, *Supervisor of Industries.*

Transportation Agents.

FRED A. HEWEY.

ELIZABETH C. DEVINE.

ERIC NORMAN DASS,

Laboratory Assistant and Messenger.



The Commonwealth of Massachusetts.

STATE HOUSE, BOSTON, March 30, 1915.

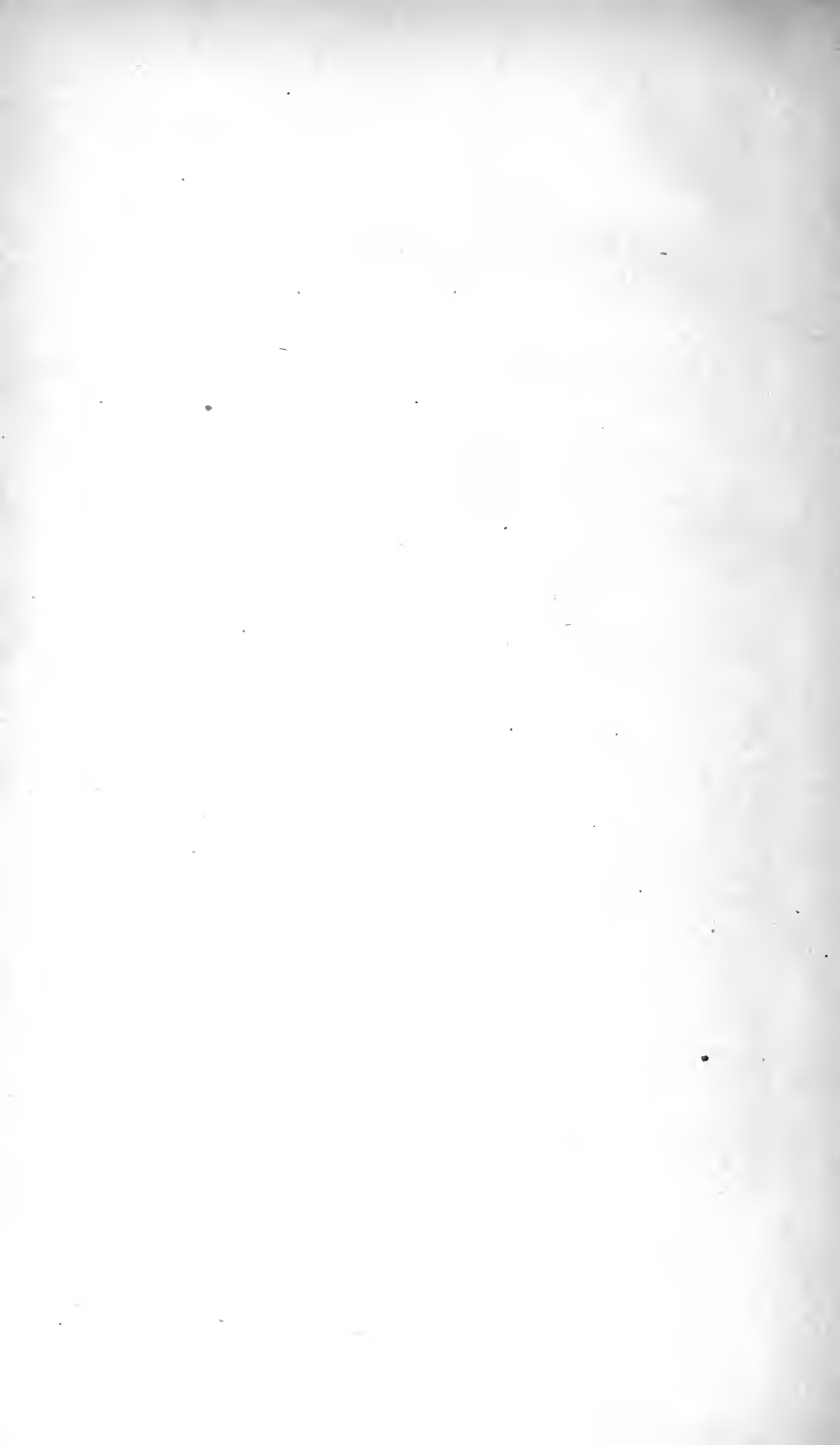
To His Excellency the Governor and the Honorable Council.

The undersigned, members of the State Board of Insanity, respectfully submit the sixteenth annual report of the Board, for the year ending Nov. 30, 1914. The matters, however, relating to general statistics cover the year ending September 30.

MICHAEL J. O'MEARA.

L. VERNON BRIGGS.

CHARLES E. WARD.



The Commonwealth of Massachusetts.

REPORT OF THE STATE BOARD OF INSANITY.

REORGANIZATION OF THE BOARD.

In accordance with chapter 762 of the Acts of 1914, which was passed by the Legislature on July 7, 1914, to take effect August 1, the State Board of Insanity was reorganized.

ACTS OF 1914, CHAPTER 762.

AN ACT RELATIVE TO THE ORGANIZATION AND POWERS OF THE STATE BOARD OF INSANITY.

Be it enacted, etc., as follows:

SECTION 1. The state board of insanity shall hereafter consist of three members, to be appointed by the governor, with the advice and consent of the council. Any member may be removed for cause in like manner. One member shall be designated by the governor as chairman, and one of the other two members shall be chosen by the board as secretary. All of the members of the board shall devote their whole time to the duties of the board. The chairman shall receive an annual salary of fifty-five hundred dollars, and each of the other members of the board shall receive an annual salary of five thousand dollars. At least one member of the board shall be an expert in all matters relating to insanity and to the care and treatment of the insane. Of the members of the board first appointed under this act one shall be appointed for a term of one year, one for a term of two years and one for a term of three years, and thereafter the members of the board shall be appointed for terms of three years. If a vacancy arises in the board it may be filled by the governor, with the advice and consent of the council, and the person so appointed shall hold office until the expiration of the term of the member whom he succeeded. The provisions of section twenty-one of chapter three of the Revised Laws shall not apply to appointments made hereunder. The powers and duties of the members of the present board, and their terms of office, shall cease upon the appointment and qualifications of the members herein provided for.

SECTION 2. The state board of insanity in addition to its present powers shall have the following powers and duties: It shall have charge of all in-

sane, feeble-minded and epileptic persons and of persons addicted to the intemperate use of narcotics or stimulants, the care of whom is vested in the commonwealth by law, and of all institutions or buildings now or hereafter owned or maintained by the commonwealth for the care of such persons. But the board shall not have charge of the Norfolk state hospital or of the Hospital Cottages for Children; and the powers and duties now pertaining to the state board of insanity in respect to the said two institutions shall hereinafter pertain to the state board of charity. The state board of insanity shall have supervision and control of any institution which may hereafter be placed under its supervision and control by the governor with the advice and consent of the council. The board shall have the same powers relative to state charges in institutions or other places under its supervision and to their property as are vested in towns and overseers of the poor relative to paupers supported or relieved by towns.

SECTION 3. The board may appoint agents and subordinate officers, and may suspend or remove them, and fix their compensation: *provided*, that their compensation shall not exceed the appropriation made therefor by the general court; and *provided, further*, that no present officer or employee shall be suspended or removed except under the provisions of the civil service rules. The board shall make an annual report to the governor and council on or before the third Wednesday in January, the report being made up to and including the thirtieth day of November preceding. The report shall contain an accurate account of the receipts and expenditures for each separate institution, the market value of any products of any institution, and of the labor, if any, performed by the inmates; and it shall also contain an inventory of the property belonging to each institution on the said thirtieth day of November. The report shall also contain a classified and tabulated statement of the estimates of the board for the year ensuing, including the estimates for ordinary expenses and for any extraordinary expenses, and for the taking or purchase of any land, the construction, extension and repair of any buildings, and the improvement of any grounds. The report shall also contain a concise review of the work of the board for the year preceding, with such suggestions and recommendations and information relative to the said institutions and to the care of the persons therein as the board shall deem expedient. It shall also contain information embodying the experience of this country and other countries relative to the best and most successful methods of caring for such persons as come under the supervision of the board.

SECTION 4. If the board desires to apply to the general court for an appropriation exceeding two thousand dollars for any new building or for an addition to, or repairs of an existing building, or for the plumbing, heating, lighting, ventilating, furnishing or equipping of any building, it shall submit to the general court, not later than the third Wednesday in January, plans and specifications therefor and an estimate of the cost thereof. The expenses incurred for the preparation of working plans and specifications

necessary to the preparation of such estimates shall be paid from the appropriations made by the general court. Should the general court fail to make an appropriation to carry out the purpose for which working plans and specifications were prepared, the expense of the same shall be paid from an appropriation made for the purpose. Nothing herein contained, however, shall be construed as relieving the board from complying with the provisions of section four of chapter seven hundred and nineteen of the acts of the year nineteen hundred and twelve. All work to be done by the inmates or by persons regularly employed at the institution shall be exempt from the provisions of this section. Any petition, bill or resolve presented to the general court for any such new construction or other expenditure as aforesaid at a later date than is above specified, or without compliance with the other provisions of this section, shall be referred to the next general court, unless it be admitted for immediate consideration under the rules governing new business after the expiration of the time limit for its introduction. If an appropriation is made by the general court for any such improvement as is above described at any institution under the control of the board, the board shall solicit bids for the performance of the work by advertising in such newspapers as the board may select, and shall award the contract to the lowest responsible and eligible bidder; but no contract shall be awarded for a sum exceeding the appropriation available therefor.

SECTION 5. The board shall, subject to the approval of the governor and council, select the site of any new institution and any land to be taken or purchased by the commonwealth for the purposes of any new or existing institution under its supervision. The board shall have charge of the construction of any new building at any institution now or hereafter placed under its supervision, and shall determine the design thereof, and for this purpose may employ such architects and other experts or may hold such competitions for plans and designs as the board may deem expedient, unless the general court shall otherwise provide. In case any land or other property is taken or purchased by the board, title shall be taken in the name of the commonwealth.

SECTION 6. The trustees shall appoint a superintendent for each institution, with the approval of the board; who shall be a physician and who shall constantly reside at the institution. The trustees shall also appoint a treasurer for each institution, with the approval of the board, who shall give bond for the faithful performance of his duties. Assistant physicians, one of whom in each institution for the insane in which women are received as patients and in which more than two assistant physicians are employed shall be a woman, shall be appointed by the superintendent, subject to the approval of the board. The superintendent shall also appoint, subject to the approval of the board, such subordinate officers and may employ such other persons as may be necessary, with the approval of the board. The board shall make provision in its by-laws or otherwise for the appointment

of such officers in each institution as it may deem necessary for the efficient, economical and humane management of the same, and shall determine, subject to the approval of the governor and council, the salaries of all the officers. The superintendent and assistant physicians at the Westborough state hospital shall belong to the homœopathic school of medicine. The board shall also establish by-laws and regulations, with suitable penalties, for the government of the said institutions, and shall provide for a monthly inspection and trial of the fire apparatus belonging to the institutions and for the proper organization and monthly drill of the officers and employees in its use.

SECTION 7. The board shall have power to license private houses and hospitals for the care and treatment of the insane, epileptics, feeble-minded and persons addicted to the intemperate use of narcotics and stimulants, and may at any time revoke such a license. No such license shall be granted unless the board is satisfied that the person applying therefor is a duly qualified physician, as provided in section thirty-two of chapter five hundred and four of the acts of the year nineteen hundred and nine, and has had practical experience in the care and treatment of such patients. Any person owning or maintaining such a hospital or private house on the sixteenth day of June in the year nineteen hundred and nine shall be entitled to maintain the same under the provisions of law in force at that time, except that every such hospital or house shall be subject to the visitation and supervision of the board, its officers and agents. Any license granted heretofore under the provisions of section twenty-four of said chapter five hundred and four shall be valid, subject to revocation by the board. Licenses hereafter granted shall expire with the last day of the calendar year in which they are issued, but may be renewed. The board shall have power to fix reasonable fees for the said licenses and for renewals thereof. Whoever establishes or keeps such a hospital or private house without a license, unless otherwise authorized by law, shall forfeit a sum not exceeding five hundred dollars.

SECTION 8. The various boards of trustees established by general or special law for institutions maintained by the commonwealth for the care of the insane, feeble-minded, epileptics and dipsomaniacs, except the Norfolk state hospital and the Hospital Cottages for Children, shall have the following powers and duties:—

a. They shall, except as is otherwise provided in this act, retain all powers and duties now conferred or imposed upon them by law, and shall maintain an effective and proper inspection of their respective institutions, and shall from time to time make suggestions to the state board of insanity as to improvements therein, and especially such improvements as will make the administration thereof more effective, economical and humane.

b. The trustees of each institution shall ascertain by actual examination and inquiry, and shall report to the state board of insanity, whether commitments to the institution are made according to law, and whether

the affairs of the institution are conducted according to law and according to the rules and regulations established by the board.

c. There shall be thorough visitations of each institution by two of the trustees thereof at least once in two weeks, and by a majority of them quarterly, and by the whole board semi-annually; and after each of such visits a written account of the condition of the institution shall forthwith be transmitted to the state board of insanity.

d. They shall carefully inspect every part of the institution as a board or by committees at least once in two weeks with reference to cleanliness and sanitary condition, the number of persons in seclusion or restraint, dietary matters, and any other matters that may be considered worthy of observation.

e. The trustees shall investigate every sudden death, accident or injury, whether self-inflicted or otherwise, and send a report of the same to the board.

f. All trustees shall have free access to all books, records and accounts pertaining to their respective institutions, and shall be admitted at all times to the buildings and premises thereof.

g. They shall keep a record of their doings, and shall record their visits to the institution in a book kept at the institution for that purpose.

h. They shall personally hear and investigate the complaints and requests of any inmates, officers or employees of the institution, and shall, if they deem the matter of sufficient importance, make written reports to the state board of insanity of their determination of what, if anything, ought to be done in the matter.

i. They shall have power at any time to cause the superintendent or any officer or employee of the institution to appear before them and to answer any questions or to produce any books or documents relative to the institution.

j. The plans and specifications for the construction or substantial alteration of buildings, the site of any new building, the proposed taking or purchase of any new land, and plans for the grading of grounds or other substantial improvements at the institutions of which they are trustees shall be submitted to them, and they shall report thereon to the board within such reasonable time as the board shall fix, and no land shall be taken or purchased, no new buildings shall be constructed, and no substantial changes made in existing buildings or grounds until the opinion of the trustees thereon has been transmitted, as aforesaid, to the state board of insanity, or until the time fixed therefor, as above provided, shall have expired.

SECTION 9. Sections two, three, four, five, seven, eight, ten, eighteen, nineteen, twenty, twenty-four and twenty-five of chapter five hundred and four of the acts of the year nineteen hundred and nine, and so much of any other section of said act, or of any other act as is inconsistent herewith, are hereby repealed; but this repeal shall not affect any suit or other pro-

ceeding now pending. So much of chapter five hundred and twenty of the acts of the year nineteen hundred and seven and of any amendment thereof as relates to any institution under the direction of the state board of insanity is also hereby repealed.

SECTION 10. This act shall take effect on the first day of August in the current year. [*Approved July 7, 1914.*]

His Excellency Governor David I. Walsh appointed as members of this Board, Michael J. O'Meara, M.D., as chairman, L. Vernon Briggs, M.D., and Mr. Charles E. Ward. The Board organized on Aug. 10, 1914, and appointed L. Vernon Briggs, M.D., as secretary, and Mr. Charles E. Ward as treasurer.

This act has effected a substantial change in the powers hitherto possessed and exercised by the State Board of Insanity. In addition to supervisory powers the Board now exercises the elements of control, section 2 of this act specifically providing that "It shall have charge of all insane, feeble-minded and epileptic persons and of persons addicted to the intemperate use of narcotics or stimulants, the care of whom is vested in the commonwealth by law, and of all institutions or buildings now or hereafter owned or maintained by the commonwealth for the care of such persons."

ACTIVITIES OF THE PRESENT BOARD.

Early in its establishment the present Board voted to issue bulletins each month (in accordance with section 6, chapter 504, Acts of 1909) for the purpose of informing the State hospital trustees, members of the several staffs, and others interested what is being done by the Board and by the individual institutions in progressive and constructive work. Up to November 30 four such bulletins have been published.

The policy has also been established not to approve of the appointment of any staff physicians who have not had previous experience in the care or treatment of the mentally ill, or who have not taken some special courses along these lines.

In this connection arrangements have been made with the Psychopathic Department of the Boston State Hospital to give to any prospective candidates who cannot meet the above requirements special courses of from three to six months, to

qualify them for the positions which they seek. The Psychopathic Department will take such candidates as internes and board them free of expense, and their instruction will be free. If, at the end of three or six months, it is decided at the Psychopathic Department that a candidate has not the qualifications to fill the position which he seeks in a State hospital, the hospital shall be notified and his connection with the Psychopathic Department terminated.

A statement in regard to the training course will be found on page 34.

The Legislature of 1914 appropriated \$100,000 in June, 1914, for the purchase of land for a hospital for the mentally ill of the metropolitan district. On November 15 the Board had secured options on nearly 300 acres of land, adjoining the McLean Hospital and the School for the Feeble-minded, and well located in the towns of Waltham, Belmont and Lexington.

A committee of three superintendents was appointed in October, consisting of Dr. Walter E. Fernald, Dr. Ernest V. Scribner and Dr. George M. Kline, to make a study tending toward the reclassification of salaries of officers and employees of institutions, that they may be made uniform.

The Board has started surveys of dietaries of the hospitals, hoping to bring about a more uniform consumption of the proper kinds of food, and prevention of much waste. They have also started a survey on the consumption of alcoholics and drugs.

Arrangements were made for inebriate women to be committed to the Westborough State Hospital instead of to the other committing hospitals for the insane, and the superintendent and trustees of the Westborough State Hospital, in response to a request of this board, agreed to set apart a ward of 40 beds for the special treatment of cases of dipsomania. The female inebriates in the State hospitals have been transferred to Westborough, thus leaving no inebriate women in the State hospitals other than Westborough. The courts and committing officials have been notified to commit all inebriate women hereafter directly to the Westborough Hospital, this being the first step in the policy of the Board toward the reclassification of patients.

The opening of the State institutions to the public was stimulated by the Board, the policy of the Danvers State Hospital being adopted. Slips issued by the Danvers State Hospital were forwarded to each State institution, asking the superintendent if he would prepare such a slip as he would be glad to issue along the same lines, it being the intention of the Board to have the State institutions on the same basis as the general hospitals in the matter of visits by friends and those interested in the institutions; in fact, to make them more easy of access than the general hospital, the Board recognizing the fact that both they and the hospitals are the servants of the public. A ready and satisfactory response was received, and the following-named institutions are now open to both relatives and friends of patients and to the public on *every day of the week*: —

Danvers Hospital.
Medfield Hospital.
Gardner Colony.

Foxborough Hospital.
Monson Hospital.

The institutions named below are open to relatives and friends of patients *every day of the week*, and to the public on *week days*: —

Worcester Hospital.
Taunton Hospital.
Northampton Hospital.
Boston Hospital.
Worcester Asylum.

State Infirmary.
Bridgewater Hospital.
Massachusetts School for the
Feeble-minded.
Wrentham School.

In addition to the above, the Westborough Hospital is now open to relatives, friends and the public every week day, and visiting is allowed at the hospital on Sundays by obtaining written permission.

OUT-PATIENT DEPARTMENTS.

In August the Board determined upon a policy for out-patient work by the hospitals, and at their request Dr. A. Warren Stearns, assistant to the Board, made a survey of what was then being done in all the institutions under charge, it being the desire of the Board to stimulate each hospital to

reach out into the community and be responsible for the mental health of the district covered by each.

For more than twenty-five years the Massachusetts School for the Feeble-minded has conducted an out-patient clinic at the school once a week, and until recently this has been the only activity of any hospital in treating patients not on its own wards. Since 1885 insane patients of the harmless type have been placed at board in private families; and still more recently several of the institutions have taken this up, and some have done a considerable amount of after-care and social service work. On January 1, 1913, the Psychopathic Department of the Boston State Hospital opened the first out-patient department to be conducted by any hospital *for the insane* in this State. Over 1,000 new patients visited the clinic during the first year, and active social service and after-care was begun.

The Board recommended that each hospital doing out-patient work should extend the same along the general plan outlined for all, and that the institutions which had not been doing out-patient work should at the earliest possible date establish out-patient departments and clinics in the cities in their own district, preferably in the evening, when every one interested could visit without interference with his duties.

If the hospital has an after-care worker he or she should be present at the clinics. It is hoped that the out-patient department will eventually cover the work of the clinics, the after-care or social service work, mental hygiene and boarding out. It is also hoped to stimulate the discharge of cases earlier than has before been possible, for patients can safely be sent out earlier than has heretofore been possible if clinics are established in or near the town or city where the patients reside. If the patients do not report regularly at these clinics the after-care worker will, of course, immediately look them up. The Board believes that the out-patient department clinics will be the first important step for the prevention of mental disease, and that the after-care of patients will prevent the return of those who have been discharged.

The work of these departments was divided into four parts, namely, a clinic, after-care, family care and mental hygiene, as shown in the following tabulation: —

REPORT OF OUT-PATIENT DEPARTMENT.

.....State Hospital.

For the Month of

CLINICS.	Males.	Females.	Totals.
Total number of first visits,			
Total number of patients,			
Total number of visits,			
Sources of first visits:—			
Referred by physicians,			
Referred by other hospitals,			
Referred by charitable and other organizations,			
Referred by courts,			
Referred by schools,			
Came by own initiative,			
Cases discharged from this hospital reporting for first time,			
Miscellaneous and unknown,			
Totals,			

Clinics held.

Hospital: Day and date. (If regular days, give such with hours.)

At other places: (Give city or town, place and date, with total patients, first visits and total after-care cases reporting for such.)

New clinics established:

Where and when:

Number of physicians connected with the hospital present at each clinic.

Number of physicians not connected with the hospital present at each clinic.

Number of other visitors (state whether officials of any organizations, etc.) present.

After-care.

Total number of patients leaving hospital.

Total number discharged to after-care.

Total number of visits by social workers.

Total number of patients visited by social worker.

Total number of patients on visit.

Boarding-out.

Total number boarded out by this hospital.

Total number placed this month.

Total number returned this month.

Total number visited this month.

Mental Hygiene.

Lecture or talk by member of hospital.

Public meeting under auspices of hospital.

Any other activities with exhibits, sales, etc.

Remarks.

Up to November 30, 8 institutions have opened out-patient departments, as follows: Worcester State Hospital, Taunton State Hospital, Northampton State Hospital, Danvers State Hospital, Boston State Hospital, Worcester State Asylum, Monson State Hospital and Massachusetts School for the Feeble-minded.

Clinics have been established in the following cities and towns: Boston, Fall River, Gloucester, Greenfield, Haverhill, Lynn, New Bedford, Newburyport, Pittsfield, Spencer, Springfield, Taunton, Waltham and Worcester. Arrangements are being made by other institutions to begin this work.

Where a hospital is in a large city, the clinics are held at the hospital itself; others are held at general hospitals or public buildings in neighboring cities. These clinics are conducted by members of the staff of the nearest hospital. Some hospitals conduct but one clinic, while one conducts five. They vary in frequency, one being held daily. Physicians in the community are notified of the dates of such clinics, and are invited to send patients for consultation and treatment. Advice and treatment are given free to all cases of nervous or mental disease who apply.

REVIEW OF THE YEAR.

ALL CLASSES UNDER CARE.

The number and location of these classes Oct. 1, 1914, were: —

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sane).	Voluntary (Sane).	Inebriate.	Temporary Care.	Totals.	Other Classes.
Worcester State Hospital,	1,413	-	-	-	4	3	1,420	-
Taunton State Hospital,	1,273	-	-	-	6	4	1,283	-
Northampton State Hospital,	934	-	-	3	3	2	942	-
Danvers State Hospital,	1,465	-	-	-	6	-	1,471	-
Westborough State Hospital,	1,185	-	-	10	16	2	1,213	-
Boston State Hospital,	1,381	-	-	6	-	33	1,420	-
Mental wards, State Infirmary,	741	-	-	-	-	-	741	-
Worcester State Asylum,	1,384	-	-	-	1	-	1,385	-
Medfield State Hospital,	1,642	-	-	-	-	-	1,642	-
Gardner State Colony,	734	-	-	-	-	-	734	-
Monson State Hospital,	339	-	624	-	-	-	963	-
Bridgewater State Hospital,	785	-	-	-	-	-	785	-
Foxborough State Hospital,	203	-	-	-	-	-	203	-
Family care,	302	-	-	-	-	-	302	-
Massachusetts School for the Feeble-minded at Waltham,	-	1,565	-	-	-	-	1,565	-
Wrentham State School,	-	629	-	-	-	-	629	-
McLean Hospital,	206	-	-	1	-	-	207	-
Twenty-four other private institutions,	135	1	-	20	3	4	163	48
Elm Hill Private School and Home for the Feeble-minded,	-	54	-	-	-	-	54	-
Terrace Home School,	-	12	-	-	-	-	12	-
Almshouses,	-	170 ¹	-	-	-	-	170	-
Total under care,	14,122	2,431	624	40	39	48	17,304	48
Viz.: —								
Public care,	13,781	2,364	624	19	36	44	16,868	-
Institutions,	13,470	2,194	624	19	36	44	16,396	-
Family care,	302	-	-	-	-	-	302	-
Almshouses,	-	170	-	-	-	-	170	-
Private care,	341	67	-	21	3	4	436	48
McLean Hospital,	206	-	-	1	-	-	207	-
Twenty-six private institutions,	135	67	-	20	3	4	229	48

¹ Figure taken from reports of overseers of the poor, March, 1914.

THE WHOLE NUMBER OF THESE CLASSES

under care Oct. 1, 1914, was 17,304, being 1 such person to every 208 of the estimated population of the State. Of this number, 14,122, or 81 per cent., were insane; 2,431, or 14 per cent., feeble-minded; and 624, or 3 per cent., epileptic (sane). Their increase for the year was 255. The reason for this apparently small increase is due to the removal of the inebriates from the Foxborough State Hospital to the Norfolk State Hospital, thus placing them under the general supervision of the State Board of Charity, and to the placing of the Hospital Cottages for Children also under the supervision of the State Board of Charity. The actual increase for the year in the number under care, exclusive of the two institutions above-named, was 451.

The whole number of such persons under public care was 16,868; under private care, 436.

The whole number of such persons in public institutions was 16,396; their increase for the year, 513; their average annual increase for the last five years, 629.

THE INSANE

under care Oct. 1, 1914, numbered 14,122, being 1 insane person to every 255 of the estimated population of the State. In addition, there were 944 persons who were temporarily absent from institutions, and a considerable number of others in the community who had been previously discharged or had never appeared in institutions for the insane.

The insane appear under public care in public institutions and boarded out in family care, at public expense, and under private care in private institutions. Their number and increase in these locations for the year, the last five years, the last ten years and the last twenty-five years are shown as follows: —

	NUMBER OCT. 1, 1914.			INCREASE OVER PRE- VIOUS YEARS.					Average Increase, Five Years.	Average Increase, Ten Years.	Average Increase, Twenty-five Years.
	Males.	Females.	Totals.	1914.	1913.	1912.	1911.	1910.			
Public institutions, .	6,734	6,745	13,479	396	379	417	308	489	397.8	399.9	366.72
Family care, . . .	12	290	302	34 ¹	20	18	23	34	12.2	8.9	7.68
Total, public, . .	6,746	7,035	13,781	362	399	435	331	523	410.0	408.8	374.40
Private institutions, .	113	228	341	6 ¹	2	16	9	1 ¹	4.0	9.9	4.08
Total, public and private.	6,859	7,263	14,122	356	401	451	340	522	414.0	418.7	378.48

¹ Decrease.

THE INCREASE OF THE INSANE

under care for the year was 356, compared with 401 the previous year; 414, the average annual increase for the last five years; 418, the last ten years; and 378, the last twenty-five years.

The number of nonresident insane was 70, compared with 73 the previous year, and 73, the average number the last five years. Of these, 66 were patients in private institutions; and 4, private patients in State hospitals.

It is the policy of the State not to receive into its institutions nonresidents, even as private patients, unless their friends are resident in Massachusetts and have just claims for such service.

THE INCREASE OF THE INSANE UNDER PUBLIC CARE

was 362, compared with 399 the previous year; 410, the average annual increase for the last five years; 408, the last ten years; and 374, the last twenty-five years.

THE DECREASE OF THE INSANE UNDER PRIVATE CARE

was 6, compared with an increase of 2 the previous year; 4, the average annual increase for the last five years; 9, the last ten years; and 4, the last twenty-five years.

In addition to the insane, there were in private institutions *for the insane* 77 other patients, compared with 76 the previous year. Of these, 21 were sane voluntary mental patients, 48 voluntary nonmental patients, 3 inebriates, 4 temporary care and 1 feeble-minded. One of these was in the McLean Hos-

pital, where 28.50 per cent. of all patients were under the voluntary relation, without commitment as insane.

THE DECREASE OF THE INSANE IN FAMILY CARE

was 34, compared with an increase of 20 the previous year; 12, the average annual increase for the last five years; 8, the last ten years; and 7, the last twenty-five years.

THE INCREASE OF THE INSANE IN PUBLIC INSTITUTIONS

was 396, compared with 379 the previous year; 397, the average annual increase for the last five years; 399, the last ten years; and 366, the last twenty-five years.

ALL ADMISSIONS OF MENTAL PATIENTS

from the community to public institutions and McLean Hospital were 4,068, compared with 4,051 the previous year, and 3,586, the average the last five years. The increase this year was 17, compared with an increase of 701 the previous year, and 174, the average increase the last five years.

They comprise court commitments as insane, voluntary admissions of the insane, and voluntary admissions of mental patients who were classed as sane.

Court commitments as insane were 3,351, compared with 3,493 the previous year, and 3,192, the average the last five years. The decrease was 142, compared with an increase of 400 the previous year, and 88, the average increase the last five years.

Voluntary admissions of the insane were 543, compared with 487 the previous year. Public institutions received 487 such patients, of whom 66, or 13.55 per cent., required subsequent commitment as insane. McLean Hospital received 56 such patients, of whom 5, or 8.92 per cent., required subsequent commitment as insane.

Voluntary admissions of mental patients who were classed as sane were 235, compared with 149 the previous year. Public institutions received 231 such patients, and McLean Hospital, 4.

ALL VOLUNTARY ADMISSIONS

to public institutions and McLean Hospital were 778, compared with 636 the previous year, and 426, the average the last five years. The increase was 142, compared with an increase of

354 the previous year, and 118, the average increase the last five years. Public institutions received 718 such patients, compared with 562 the previous year, and 385, the average the last five years. McLean Hospital received 70 such patients, compared with 74 the previous year; and 70, the average the last five years.

FIRST CASES OF INSANITY

appeared in public institutions and McLean Hospital to the number of 2,986, compared with 3,108 the previous year, and 2,780, the average the last five years. The decrease was 122, compared with an increase of 448 the previous year, and 107, the average increase the last five years.

Of all the commitments of the insane to these institutions (inclusive of insane voluntary patients), 78.13 per cent. appeared for the first time in any institution for the insane.

One insane person came under care for the first time from every 1,207 of the estimated population of the State, compared with 1,152 the previous year, and 1,325, the average from 1905 to 1910. The estimated increase in the population of the State for the year is 56,817; hence the growth of population would have accounted for an increase of 47 in the first cases of insanity. As shown above, there was an actual decrease of 122.

THE NATIVITY

of such first cases of insanity does not differ materially from the percentages of the previous year. Exclusive of 18, or .60 per cent., whose birthplaces were unknown, 1,139, or 38.38 per cent., were born in Massachusetts; 1,414, or 47.64 per cent., in New England; 1,610, or 54.25 per cent., in the United States; and 1,358, or 45.75 per cent., in foreign countries.

THEIR PARENTAGE

also corresponds substantially with the percentages of previous years. Exclusive of 196, or 6.56 per cent., whose birthplaces were unknown, 453, or 16.23 per cent., of the mothers were born in Massachusetts; 731, or 26.20 per cent., in New England; 885, or 31.72 per cent., in the United States; and 1,905, or 68.28 per cent., in foreign countries.

Exclusive of 181, or 6.06 per cent., whose birthplaces were unknown, 460, or 16.39 per cent., of the fathers were born in

Massachusetts; 730, or 26.02 per cent., in New England; 861, or 30.70 per cent., in the United States; and 1,944, or 69.30 per cent., in foreign countries.

THEIR AGES

vary but little from the averages of previous years. The age of 60 or more had been reached by 580, or 19.50 per cent., when admitted for hospital treatment; by 432, or 18.17 per cent., when insanity began. The mean age was 43.33 years on admission; 39 years at the onset of mental disease.

THE LOCALITIES

where they resided at the time of commitment, and where insanity developed, in the main show that the country districts furnish relatively fewer cases of insanity than the more populous centers. The cities and towns of over 10,000 inhabitants comprise 74 per cent. of the total population of the State for 1910, and country districts only 26 per cent., whereas 2,423, or 81.17 per cent., of the commitments were made from the former, and 562, or 18.83 per cent., from the latter.

THE CAUSES OF INSANITY

assigned by the physicians of the hospitals were physical in 1,830, or 61.29 per cent.; mental in 108, or 3.62 per cent.; unknown in 867, or 29.03 per cent.; and not insane in 181, or 6.06 per cent.

Congenital causes were assigned in 8.10 per cent.; heredity alone in 5.69 per cent., with other causes, 9.61 per cent., making heredity a causative factor in 15.30 per cent.; alcoholic intemperance alone in 12.16 per cent., with other causes, 6.83 per cent., making alcohol a causative factor in 18.99 per cent.; senility in 11.19 per cent.; coarse brain lesions in 10.65 per cent.; and syphilis in 8.37 per cent. These six causes were operative in 72.90 per cent. of this year's first cases of insanity.

THE CURABILITY OF MENTAL DISEASE

in this year's first cases of insanity is practically the same as last year, and does not vary materially from the average.

The mental disease was classed as curable in 633, or 21.20

per cent., of first cases, compared with 22.49 per cent. the previous year, and 22.69 per cent., a five years' average. The outcome in 5,945 such cases (a ten-year period) indicates an expectation of recovery in 1 out of 2.19 cases.

The mental disease was classed as generally incurable in 1,072, or 35.90 per cent. The outcome in 9,154 such cases (a ten-year period) indicates an expectation of recovery in 1 out of 26.92 cases.

The mental disease was classed as incurable in 1,035, or 34.66 per cent. The outcome in 9,163 such cases (a ten-year period) indicates an expectation of recovery in 1 out of 1,309 cases.

CERTAIN FORMS OF MENTAL DISEASE

occur with great frequency; manic-depressive insanity in 12.09 per cent. of this year's first cases of insanity and in 57.03 per cent. of the forms of mental diseases classed as curable; and acute alcoholic insanity in 6.10 per cent. of first cases and in 28.75 per cent. of the forms classed as curable. These two forms comprised 18.19 per cent. of first cases, compared with 17.86 per cent. the previous year, and 19.09 per cent., a five years' average. They comprised 85.78 per cent. of forms of mental disease classed as curable, compared with 83.82 per cent. the previous year, and 83.91 per cent., a four years' average. They furnished 70.83 per cent. of first recoveries, compared with 72.06 per cent. the previous year, and 72.93 per cent., a four years' average.

In the groups classed as incurable and generally incurable, dementia præcox occurred in 25.28 per cent. of first cases; chronic alcoholic insanity in 4.32 per cent.; imbecility in 4.96 per cent.; senile insanity in 10.35 per cent.; epileptic insanity in 2.88 per cent.; general paralysis in 8.64 per cent.; and coarse brain lesions in 7.77 per cent. These seven forms, classed as practically incurable, comprised 64.20 per cent. of first cases of insanity, and furnished 9.16 per cent. of first recoveries.

These nine forms of disease comprised 82.39 per cent. of this year's first cases of insanity, compared with 74.45 per cent. the previous year, and 80.35 per cent., a four years' average.

THE DURATION OF MENTAL DISEASE

previous to hospital treatment was less than three months in 909, or 38.35 per cent., of first cases, compared with an average of 37.85 per cent. the last five years; less than six months in 1,151, or 48.57 per cent., compared with an average of 49.25 per cent. the last five years; less than one year in 1,413, or 59.62 per cent., compared with an average of 59.95 per cent. for five years; and one year or more in 957, or 40.38 per cent., compared with an average of 40.05 per cent. for five years.

The significance of the previous duration of mental disease is evident from the fact that out of 2,909 first recoveries (a ten-year period), 72.29 per cent. had a previous duration less than three months; 83.67 per cent. less than six months; 91.61 per cent. less than one year; and only 8.39 per cent. one year or more; while the whole duration of insanity was less than three months in 28.49 per cent.; less than six months in 57.20 per cent.; less than one year in 77.31 per cent.; and one year or more in only 22.69 per cent. These percentages have been substantially constant for the last ten years.

DISCHARGES.

THE RESULTS OF MENTAL DISEASE

are shown in the condition of patients on discharge; 511 recovered; 310 were capable of self-support, 607 were improved, 401 not improved and 124 not insane.

THE RECOVERY RATE

for the whole State was 13.46 per cent. of commitments, inclusive of insane voluntary admissions, compared with 13.52 per cent. the previous year, and 14.02 per cent., a three years' average.

The percentages of recoveries in public institutions and McLean Hospital were:—

Of commitments (inclusive of	
insane voluntary), . . .	13.37; last three years' average, 13.84
Of whole number of persons, . . .	2.99; last three years' average, 3.06
Of daily average number, . . .	3.79; last three years' average, 3.88

There were 383 recoveries of first cases of insanity, being 12.06 per cent. of such first admissions, compared with 12.32

per cent. the previous year, and 12.58 per cent., a three years' average.

There were discharged,

CAPABLE OF SELF-SUPPORT

from public institutions and McLean Hospital, 310, or 8.10 per cent. of the commitments, compared with 9.35 per cent. the previous year.

THE RESTORATION OF THE INSANE

for the whole State to self-support in the community includes both the recovered and those discharged capable of self-support. Together they numbered 852 this year, or 21.36 per cent. of commitments, including insane voluntary admissions. The percentages of both these classes in public institutions and McLean Hospital were: —

Of commitments (inclusive of insane voluntary), . . .	21.47; last three years' average, 23.00
Of whole number of persons, . . .	4.79; last three years' average, 5.15
Of daily average number, . . .	6.08; last three years' average, 6.44

DEATHS.

THE DEATH RATE OF THE INSANE

for the whole State during the year was 75.8 per thousand of the whole number of persons treated, compared with 80.1 the previous year, and 76.7, a three years' average.

The percentages of deaths in public institutions and McLean Hospital were: —

Of whole number of persons, . . .	7.73; last five years' average, 7.89
Of daily average number, . . .	9.80; last five years' average, 9.92
Of discharges and deaths, . . .	39.00; last five years' average, 44.29

Mental disease classed as curable was present in 10.59 per cent. of persons who died, compared with 9.24 per cent. the previous year.

The percentage of deaths of first cases occurring within the first three months of hospital residence was 29.02, against 29.63 in 1913, 30.51 in 1912, 28.05 in 1911, and 29.45 in 1910.

Senile insanity was present in 20.73 per cent., general paraly-

sis in 15.36 per cent., and coarse brain lesions in 14.67 per cent.

These supposedly incurable brain lesions existed in 50.76 per cent., compared with 50.37 per cent. the previous year.

Tuberculosis was present in 11.20 per cent., compared with 10.48 per cent. the previous year.

Pneumonia (lobar, broncho and hypostatic) was present in 16.64 per cent., organic disease of the heart in 14.67 per cent., organic disease of the kidneys in 4.39 per cent., and malignant tumors in 2.87 per cent.

The statistical data on which the foregoing statements and conclusions are based are found in Tables Nos. 19, 20 and 21 of the Appendix.

THE FEEBLE-MINDED.

THE WHOLE NUMBER OF THE FEEBLE-MINDED

under care Oct. 1, 1914, was 2,431, being 1 feeble-minded person to every 1,483 of the estimated population of the State.

The feeble-minded appear under public care in public institutions and almshouses, and under private care in private institutions. Their number and increase in these locations for the year and the last five years are shown as follows:—

	NUMBER OCT. 1, 1914.			INCREASE OVER PREVIOUS YEAR.					Average Increase Five Years.
	Males.	Females.	Totals.	1914.	1913.	1912.	1911.	1910.	
School for the Feeble-minded at Waltham.	954	611	1,565	68	56	66	22	48 ¹	32.8
Wrentham School,	273	356	629	206	19	137	53	172	117.4
Hospital Cottages for Children, .	—	—	—	22 ¹	8 ¹	—	13	2	3.0 ¹
Almshouses,	89	81	170	82 ¹	13 ¹	35	31	17 ¹	9.2 ¹
State Infirmary,	—	—	—	144 ¹	23	53	68	—	—
Total, public,	1,316	1,048	2,364	26	77	291	187	109	138.0
Elm Hill,	42	12	54	1 ¹	3	1 ¹	—	5 ¹	.8 ¹
Small private institutions, . .	5	8	13	—	3 ¹	5	1	10	2.6
Total, public and private, .	1,363	1,068	2,431	25	77	295	188	114	139.8

¹ Decrease.

THE INCREASE OF THE FEEBLE-MINDED

under care for the year was 25, compared with 77 the previous year, and 139, the average the last five years.

The reason for the apparently small increase in the number of the feeble-minded for the year is explained by the removal of the Hospital Cottages for Children to the supervision of the State Board of Charity, and the elimination in this year's tabulation of the so-called feeble-minded at the State Infirmary.

The increase for the year at the Massachusetts School for the Feeble-minded and the Wrentham State School was 274.

The number of nonresident feeble-minded was 65, compared with 70 the previous year. Of these, 40 were patients in private institutions; and 25, private patients in State institutions.

It is the policy of the State to receive feeble-minded persons from other States only when there is no school for the feeble-minded in such States, and then only in urgent cases. The nonresident patients are paid for at a rate which fully compensates the State for the cost of their maintenance.

THE EPILEPTIC.

THE WHOLE NUMBER OF THE EPILEPTIC

under care Oct. 1, 1914, was 1,412, being 1 epileptic to every 2,553 of the estimated population of the State.

The epileptic appear under public care in the Monson State Hospital, the State hospitals and asylums, and other public institutions and under private care in private institutions. Details will be found under the Monson State Hospital.

Their number and increase in these locations for the year and for the last five years are shown as follows: —

	NUMBER OCT. 1, 1914.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1914.	1913.	1912.	1911.	1910.	
Monson Hospital, . . .	485	478	963	41	35	36	81	75	53.6
State hospitals and asylums, . .	245	157	402	5	18 ¹	35	61 ¹	-	7.8 ¹
Other public institutions, ² . .	17	17	34	71 ¹	9	15 ¹	21 ¹	7	18.2 ¹
Total, public, . . .	747	652	1,399	25 ¹	26	56	1 ¹	82	27.6
Private institutions, . . .	6	7	13	1	1	-	3 ¹	-	.2 ¹
Total, public and private, . .	753	659	1,412	24 ¹	27	56	4 ¹	82	27.4

¹ Decrease.² Includes one patient in family care.

In addition the overseers of the poor report (March 31, 1914) 78 epileptics in city and town almshouses and private families.

THE DECREASE OF THE EPILEPTIC

under care for the year was 24, compared with an increase of 27 the previous year, and 27.4, the average increase the last five years.

The reason for the apparent decrease in the number of epileptic is due to the removal of the Hospital Cottages for Children to the supervision of the State Board of Charity.

The actual increase in the number of epileptics for the year was 48.

REPORT OF THE PATHOLOGIST.

To the State Board of Insanity.

Abstract. — Duties of Pathologist to State Board and director of Psychopathic Hospital; the encouragement of scientific investigation; State Board laboratories at Psychopathic Hospital; State Board's new requirements of experience or Psychopathic Hospital training for appointees at State institutions; nature of the Psychopathic Hospital courses; names of those taking training course; names of graduate physicians and psychologists who have done voluntary work; clinical instruction; internes from medical schools; summary of researches in diagnosis and treatment; general scope of Psychopathic Hospital as observing and investigating station; the newly organized pathological service

of the State Board; autopsies and viewings made by the pathological service; list of State Board medical contributions for 1914; list of Psychopathic Hospital contributions for 1914; analysis of the general nature of the first 100 publications of State Board and Psychopathic Hospital; Wassermann examinations; analysis of casualties (*a*) by institutions and general nature, (*b*) by institutions and sex, with average number of patients and of officers and employees for each institution, (*c*) by institutions and by severity, (*d*) by method of receiving injuries; special cases of accident; sudden deaths; excerpts from hospital reports; summary.

As pathologist to the State Board of Insanity, I wish to present herewith a report of work from Dec. 1, 1913, to Nov. 30, 1914, being my sixth report, and the fifth to cover a full year's work. The first three years of the period in question, viz., May 1, 1909, to April 30, 1912, were spent in work directly under the Board as a salaried officer. Upon May 1, 1912, my designation as pathologist to the Board became an honorary title, by reason of my assumption of new duties as director of the Psychopathic Department of the Boston State Hospital, so that a period of two and a half years has elapsed under the combined authority of the directorate at the Psychopathic Hospital and the pathologistship to the State Board. I have found that the duties of the two positions are to a large extent identical, and that the Psychopathic Hospital has tended to become in effect an investigation station for the State Board and the training school for a number of physicians in the service of other State institutions.

The duties of the State Board's pathologist as defined in the terms of appointment, May 1, 1909, are (1) supervision of the clinical, pathological and research work in the various institutions under the Board's general supervision; (2) visits to the institutions from time to time; and (3) reports to the Board comprising conditions observed and such recommendations as result therefrom. During the year there were 125 visits to institutions by the pathologist and the assistant pathologist.

The duties of the Psychopathic Hospital director may be broadly defined from the wording of the enabling act under which the Psychopathic Hospital was established. Extracts from this act, chapter 626, Acts of 1908, relative to plans and locations of "a hospital for acute and curable mental patients in the metropolitan district," follow: —

1. A hospital conveniently located for the first care and observation of mental patients and the treatment of acute and curable mental disease.
2. Buildings sufficient to accommodate one hundred and twenty patients and the necessary officers, nurses and employees.
3. To furnish adequate provision for the treatment of acute and curable mental diseases, and scientific research into the nature, causes and results of mental diseases.

Although it might seem rational to divide the costs of the Psychopathic Hospital work into two portions, (*a*) a portion based upon work done for the insane of the metropolitan district under the supervision of the Boston State Hospital Board of Trustees, and (*b*) a portion based on work done for patients from other parts of the State and upon scientific research into the nature, causes and results of mental disease, yet the statutes of the Commonwealth forbid the division of salaries and the payment of fractional salaries from different departments to a single officer.

As a result of the twofold function of the Psychopathic Hospital — (*a*) metropolitan district function and (*b*) state-wide clinical and research function — it might be thought that maladjustment of relations between the local and general supervising boards would occur. In point of fact, there has been little difficulty owing to the above-mentioned cause by reason of the fact that all concerned see clearly the nature of our problem and acknowledge the twofold function of the Psychopathic Hospital.

Moreover, the provisions of chapter 762, Acts of 1914, — an act relative to the organization and powers of the State Board of Insanity, — have served to wipe out some of the planes of possible friction.

The partial identity of the scope of Psychopathic Hospital work and that under the pathologist to the State Board can be seen from the wording of the State Board's estimates which include for the year, and have so included since 1911, an estimate of \$2,500 for investigation as to the nature, causes, results and treatment of mental disease and defect, and for the publication of the results thereof. This portion of the general maintenance estimate of the State Board of Insanity has regularly been granted since it was included in the estimate published in the twelfth annual report of the State Board for the year ending Nov. 30, 1910. On page 53 of that report it is stated that the appropriation for investigating the nature, causes, results and treatment of mental disease, etc., is required to carry out the

provisions of section 6, chapter 504, Acts of 1909. This section reads as follows: —

The Board shall encourage scientific investigation by the medical staffs of the various institutions under its supervision, shall publish from time to time bulletins and reports of the scientific and clinical work done therein, and shall prescribe to the superintendents or managers of the several institutions under its supervision the forms of, and periods covered by, the statistical returns to be made by them in their annual reports.

A provision in full force under chapter 762, Acts of 1914.

Accordingly, it is clear that the act which provided for the hospital for acute and curable mental patients in the metropolitan district (chapter 626, Acts of 1908), and the act under which the regular State Board estimate for investigation is provided, have a single intention in respect to one important function of the Psychopathic Hospital, namely, the function of investigation. In accordance with this consideration, it has proved desirable and feasible to expend a large portion of the State Board's appropriation for investigation in researches conducted in and from the Psychopathic Hospital.

By concurrent votes of the State Board and the Boston board, the new pathological service (described below) of the State Board has been installed in laboratory rooms provided at the Psychopathic Hospital. The State Board of Insanity is now in possession of two laboratories housed in the Psychopathic Hospital building, namely, the chemical laboratory of its department of standards, under the charge of its chemist, Dr. Flanders, and the pathological laboratory, under the general charge of the State Board's pathologist and the special charge of the assistant pathologist, Dr. Canavan.

A certain portion of the State Board's work is still performed in the neuropathological laboratory of the Harvard Medical School, where much work was formerly done before the building of the Psychopathic Hospital, and where there still exist certain laboratory apparatus and other accommodations not yet available at the Psychopathic Hospital. It is planned to transfer as soon as feasible all the work so done in the Harvard Medical School to the laboratories of the State Board at the Psychopathic Hospital.

From the above sketch it may be seen how closely related the work of the pathologist to the State Board and that of the director of the Psychopathic Hospital must be, in accordance

with the statutes of the Commonwealth and the special regulations of the supervisory boards. This work has been notably extended by a regulation adopted by the State Board of Insanity in 1914, under the provisions of section 6 of chapter 504, Acts of 1909, relative to the encouragement of scientific investigation by the medical staffs of the various institutions, and under the provisions of section 6, chapter 762, Acts of 1914, relative to its approval of superintendents' appointments of subordinate officers.

This extension has to do with a standard of training and capacity which must be maintained by assistant physicians hereafter appointed by the various superintendents. These arrangements were described as follows in Bulletin No. 1 of the Massachusetts State Board of Insanity of September, 1914.

It was voted that it was the policy of the Board not to approve the appointment of any staff physicians who have not had previous experience in the care or treatment of the mentally ill, or who have not taken some special courses along these lines.

In this connection arrangements have been made with the Psychopathic Department of the Boston State Hospital to give to any prospective candidate who cannot meet the above requirements special courses of from three to six months, to qualify themselves for the positions which they seek. The Psychopathic Department will take such men as internes and board them free of expense, and their instruction will be free. If at the end of three or six months it is decided that a candidate would never be able to fill the position which he seeks, the hospital shall be notified and his connection with the Psychopathic Department terminated, as it would not be fair to him, to the superintendent or to the patients to recommend a man who is not qualified for the work.

On Sept. 22, 1914, the trustees of the Boston State Hospital voted to approve the plan proposed by the State Board of Insanity for giving a course of instruction to candidates for the position of assistant physician at any of the State hospitals when desired. From the Bulletin the following description is taken: —

BOSTON STATE HOSPITAL,
DORCHESTER CENTER, MASS., Sept. 23, 1914.

DR. L. VERNON BRIGGS, *Secretary, State Board of Insanity, Room 36, State House, Boston, Mass.*

DEAR DOCTOR: — The Trustees of the Boston State Hospital, at their meeting yesterday, voted to approve the suggestions of the State Board of Insanity relative to admitting at the Psychopathic Department urgent or selected cases from any part of the State, subject to the approval of the Director and the State Board of

Insanity; and the plan proposed for giving a course of instruction to candidates for position of assistant physician at any of the State hospitals when desired. By direction of the Board the above is communicated.

Very respectfully yours,

H. P. FROST,
Superintendent.

As stated in the September Bulletin, the Board voted, on August 11, not to approve the appointment of any staff physicians who have not had previous experience in the care or treatment of the mentally ill, or those who had not taken some special courses along these lines. The following training course has been arranged at the Psychopathic Department of the Boston State Hospital: —

TRAINING COURSE FOR THE STATE HOSPITAL SERVICE, STATE BOARD OF
INSANITY, MASSACHUSETTS.

The training courses will for the present begin on the first week days of successive quarters, October, January, April and July, as well as at such irregular times as may be arranged at the Psychopathic Hospital.

Courses of briefer or longer duration may be arranged to fit the previous training of candidates.

Certificates of proficiency will be issued to those meeting requirements.

Special arrangements will be made for candidates for the positions as pathologists, clinical directorates and other special positions, as well as for supplementing the training of those already in the State service.

Special periods, six of a fortnight each: —

First period: —

- Admission of patients under direction.
- Laws of the Commonwealth touching insanity.
- Ward notes on assigned patients.
- Night service as assigned.

Second period: —

- Admission of patients.
- Clinical history-taking, house and out-patient service.
- Intelligence-tests (Binet-Simon, Yerkes, etc.).
- General mental examinations.

Third period: —

- Ophthalmoscopic work.
- Clinicopathological work (blood, urine, feces, stomach contents, etc.).
- Blood pressure.
- Physiological tests (electric sensitivity, etc.).

Fourth period: —

- Methods of laboratory diagnosis of organic disease.
- Method of obtaining serum and cerebrospinal fluid.
- Principals of Wassermann method, colloidal gold test, etc.
- Cytology of cerebrospinal fluid.

(The laboratory instruction will be given with a view to its value in routine hospital work.)

Fifth and sixth periods: —

- Regular staff work.

The candidates for position of assistant physicians will be termed internes, and will be lodged and boarded free at the Psychopathic Hospital, so far as accommodations permit.

The Director of the Psychopathic Hospital may, with the consent and approval of the Board, terminate a candidate's training at any point.

Advanced Course for Partly Trained Physicians.

General: —

Attendance at daily staff-rounds, 8 to 9 A.M.

Attendance at daily clinical conferences, 12 M. to 1 P.M.

Attendance at weekly mental welfare conference.

Out-patient department: —

Attendance at autopsies.

Library work and journal reviewing, as assigned.

Notes on work of rounds, conferences and other exercises, as assigned.

Later the director of the Psychopathic Hospital had constructed a blank form for recording work of candidates, from which the following may be taken as indicating the nature of the work done by the candidates: —

Dates of exercises attended: — [Recorded as evidence of work.]

Staff rounds, 8 to 9 A.M. (mark R).

Staff conferences, 12 M. to 1 P.M. (mark C).

Out-patient social clinics (mark S).

Histories taken.

Physical examination.

General mental examinations.

Special mental tests.

Cases introduced at staff conference.

Subsequent notes taken.

Urine examined.

Bloods examined.

Other laboratory tests.

Lumbar punctures performed.

Out-patients examined.

After-care cases seen.

Estimate of hours spent in mental welfare work.

Approved.

.....
Director, Psychopathic Hospital.

Approved.

.....
Secretary, State Board of Insanity.

The names of those who have taken the preparatory or special courses above indicated are as follows: —

Three Months' Systematic Course.

Peter E. Deehan, M.D.	D. J. McPherson. ¹
E. B. Allen. ¹	Harris H. Vail. ¹
Earl Bloomer. ¹	Edwin S. Welles. ¹
H. Alden Bunker, Jr. ¹	Cornelia B. J. Schorer, M.D. ¹
Adrian G. Gould. ¹	Harry C. Solomon, M.D. ¹
Carl B. Hudson. ¹	H. I. Gosline, M.D. ¹
W. A. MacIntyre, M.D. ¹	

The following-named physicians have taken advantage of the training course for one month: —

Elizabeth E.ENZ, M.D., from Worcester State Hospital.
Lonnie O. Farrar, M.D., Assistant Physician, Bridgewater State Hospital.
Lewis M. Walker, M.D., First Assistant Physician, Medfield State Hospital, for work with Yerkes' Point Scale.

Advanced Course for Partly Trained Physicians.

Louis K. Henschel, M.D.

Special Laboratory Courses.

G. Philip Grabfield, electric tests.

Hilmar Koefod, chemical tests.

DeWayne Townsend, chemical tests.

It may be remarked that the quality of instruction and advanced work at the Psychopathic Hospital is such that it may prove that persons so trained can secure higher salaries in subordinate positions in the State than have heretofore been paid.

It may at first sight seem that the State's budget, in so far as it deals with the salaries of physicians, may need modification in the direction of raising assistant physicians' salaries, as a result of the Psychopathic Hospital's work. In point of fact, however, the Psychopathic Hospital's own experience, in the opinion of the writer, leads to the conclusion that the more highly trained men can accomplish the same amount of work as the less highly trained men in a much shorter time.

¹ Doing work in six months on half time.

For the performance of routine and merely custodial services it is to be hoped that internes can be procured.

The well-known high level of Massachusetts standards in caring for the insane, with which the standards of other large States like New York, Michigan and Illinois may be compared, will naturally determine to its service men from other States who will be willing to perform for considerable periods work of a high character for comparatively low salaries.

By the maintenance of a high medical standard, accordingly, Massachusetts will become a Mecca for physicians desiring to go into the fields of mental disease, and a steady stream of high-grade workers obtaining comparatively low salaries may be hoped for. In this connection a list is given of physicians from other States who have resorted to the Psychopathic Hospital for work of a routine or special nature.

Dr. Thomas H. Haines, Columbus, O. Interne, June 16, 1913, to Sept. 1, 1913; First Assistant Physician, Sept. 1, 1913, one year.

Dr. Louis K. Henschel, Assistant Physician, on leave from New Jersey State Hospital, Morris Plains, N. J., Oct. 1, 1914, one month.

Dr. Frank M. Mikels, Assistant Physician, on leave from New Jersey State Hospital, Morris Plains, N. J., June 1, 1914, one month.

Dr. H. W. Powers, Assistant Physician, on leave from Milwaukee Sanitarium, Wauwatosa, Wis., March 12, 1914, to April 1, 1914.

Prof. W. E. Slaght, Psychologist, Baldwin, Kan. Interne in psychology, July 25, 1914, six weeks.

Dr. A. H. Sutherland, University of Illinois, Urbana, Ill. Interne in Psychology, July 24, 1913, to Sept. 15, 1913.

Dr. Drew Wardner, Assistant Physician, on leave from Essex County Hospital, New Jersey, Nov. 1, 1913, to Jan. 1, 1914.

Prof. C. S. Yoakum, University of Texas, Austin, Tex. Interne in psychology, Aug. 8, 1913, one month.

So much may be said as to two of the most important directions of the State Board's work in the encouragement of scientific investigation and in the provision of what the State Board of Insanity's report for 1910 described as "a center of education and training of physicians, nurses, investigators and special workers in this and allied fields of work."

In addition to forming a center of education and training of trained and special workers, the above-mentioned report also stated that in a Psychopathic Hospital "clinical instruction should be given to medical students, the future family physicians, who would thus be taught to recognize and treat mental

disease in its earliest stages, when curative measures avail most." In order to carry out this suggestion an effort has been made to attract internes from the medical schools into the Psychopathic Hospital wards and laboratories. The competition of other institutions of high grade, namely, those for general and surgical conditions, has rendered this a difficult task.

The policy of the director of the Psychopathic Hospital has so far been to secure internes on a half-time basis in exchange for maintenance. I am glad to be able to report that some of the best Harvard and Tufts medical students have been obtained under this policy.

It is true that many (indeed a majority of) internes, graduating from the Psychopathic Hospital courses, are not successfully influenced to go into work with the insane. Instead, these internes go into private practice or into forms of hospital work not relating to insanity. We must not ask too much; for internes, graduating in surgery or other specialties, do not always go into those specialties as life work. At the salary rates prevailing in Massachusetts for junior medical staff positions it is difficult to cause a full stream of men to go over from the Psychopathic Hospital courses to service in the State institutions.

A list of the internes so far appointed at the Psychopathic Hospital follows, and similar lists are found in excerpts from reports of other institutions of the State that have from time to time for many years adopted a similar plan: —

List of Internes on Service since Opening of Psychopathic Hospital, June 24, 1911, including those on Staff Nov. 30, 1914.

Bell, L. P.,	From Aug. 15, 1914, to Oct. 28, 1914.
Bridges, James Winfred (psychology), . .	From Oct. 1, 1913, to July 1, 1914.
Burkett, Ivan Roy,	From Oct. 1, 1913, to May 21, 1914.
Coffin, Dr. W. K.,	From Oct. 1, 1912, to Nov. 1, 1912.
Cook, Ward H. (laboratory),	From July 22, 1913, to May 21, 1914.
Eversole, George E. (promoted to junior assistant physician Jan. 1, 1913, to assistant physician Jan. 1, 1914, re- signed March 14, 1914),	From Aug. 5, 1912.
Gosline, Harold I.,	From May 28, 1914, to Oct. 28, 1914.
Grisier, O. W. (laboratory),	From Oct. 8, 1912, to February, 1913.
Haines, Thomas H. (promoted to first assistant physician Sept. 1, 1913, resigned Sept. 1, 1914),	From June 16, 1913.
Harrington, G. Leonard,	From Jan. 1, 1914, to March 24, 1914.
Horton, Lydiard H. (psychopathology), .	From Oct. 1, 1912, to April 1, 1914.
Hudson, Carl B.,	From Oct. 1, 1914, to Feb. 28, 1915.
Konrad, Chas. W.,	From Sept. 1, 1912, to Nov. 1, 1912.

Krout, Boyd Merrill (laboratory), . . .	From Feb. 1, 1913, to June 24, 1913.
Manuel, Wm. A. (laboratory), . . .	From June 15, 1914, to Sept. 19, 1914.
Morrison, Wayland A., . . .	From Sept. 1, 1913, to May 23, 1914.
Ragle, Benjamin H. (laboratory), . . .	From June, 1913, to Sept. 1, 1914.
Rupp, Roger Ralph, . . .	From Jan. 3, 1913, to September, 1913.
Stearns, Dr. Thornton (interne in surgery),	From July 1, 1914, to Aug. 1, 1914.
Tibbetts, Guy D., . . .	From July 8, 1912, to Jan. 8, 1913.
Weisman, Paul Gerhardt, . . .	From Sept. 1, 1913, to Jan. 1, 1914.

The present report is not the place in which to describe the researches at the Psychopathic Hospital; of general scope, they are in part indicated by the titles of articles published by the Psychopathic Hospital officers. The most important of these researches deal with —

(a) New indications for hydrotherapy. Prolonged baths used in pre-excited phase of certain cases, etc. (H. M. Adler.)

(b) Diagnostic work with the Gold Sol Test (Lange), involving observation of chemical differences in different compartments of cerebro-spinal fluid. (H. C. Solomon.)

(c) Novel diagnostic points concerning the electric sense tested by the faradic threshold test of Martin as studied by Grabfield.

(d) Novel indications for the administration of arsenic in syphilitic conditions; rapidity of arsenic secretions varying in the individual case, which must be especially determined to avoid securing toxic symptoms in cases that eliminate arsenic slowly. (H. M. Adler.)

There has also been a considerable stream of papers dealing with clinical diagnoses and the importance of various factors in the previous history and mental symptoms (*e.g.*, hallucinosis as studied by Stearns).

These remarks and the titles given below will indicate to what extent we have, in the face of too niggardly appropriations, been able to come abreast of the suggestions embodied in the State Board's report for 1910 as to the desirable functions of the Psychopathic Hospital. It seems worth while to repeat those suggestions at this time.

The Psychopathic Hospital should receive all classes of mental patients for first care, examination and observation, and provide short, intensive treatment of incipient, acute and curable insanity. Its capacity should be small, not exceeding such requirement.

An adequate staff of physicians, investigators and trained workers in every department should maintain as high a standard of efficiency as that of the best general and special hospitals, or that in any field of medical science.

Ample facilities should be available for the treatment of mental and

nervous conditions, the clinical study of patients on the wards, and scientific investigation in well-equipped laboratories, with a view to prevention of insanity and associated problems.

Clinical instruction should be given to medical students, the future family physicians, who would thus be taught to recognize and treat mental disease in its earliest stages, when curative measures avail most. Such a hospital, therefore, should be accessible to medical schools, other hospitals, clinics and laboratories.

It should be a center of education and training of physicians, nurses, investigators and special workers in this and allied fields of work.

Its out-patient department should afford free consultation to the poor, and such advice and medical treatment as would, with the aid of district nursing, promote the home care of mental patients.

Its social workers should facilitate early discharge and after-care of patients, and investigate their previous history, habits, home and working conditions and environment, heredity and other causes of insanity, and endeavor to apply corrective and preventive measures.

THE NEW PATHOLOGICAL SERVICE.

In executing the provisions of the various acts mentioned above, and the suggestions embodied in official reports, it was, of course, desirable that more elaborate and centralized arrangements for pathological routine and research should be provided. As a matter of course, on the basis of the experience of numerous States, it would be entirely unwise to do away with the local laboratories in the State institutions; nor does the establishment of pathological service of the State Board of Insanity have any tendency to supplant these local arrangements. On the other hand, the service has already been able to show cause why there should be certain extensions in existing laboratories, and why new ones should be laid down in certain institutions.

Parenthetically, it may be emphasized that the cost of these laboratory plants is well-nigh negligible, and their upkeep is comparatively small. It is true that the attention of pseudo-economists is often directed to the laboratories as places for convenient excision of maintenance items. It cannot be too strongly said that the maintenance of laboratories as "centers of hope" in our institutions is unconditionally necessary. I have, personally, no doubt that few reputable and well-trained physicians can be found who will desire to send patients to an institution in which proper laboratory devices for diagnosis and special treatment are not to be found. The argument is not that every case under custodial care needs laboratory attention; the argument, rather, is that up-to-date and alert assistant phy-

sicians will not be found to remain long in institutions devoid of laboratories.

It is unfortunate that the maintenance estimates do not show clearly how much, or rather how little, the laboratories cost. Without the pretense to official exactitude, Dr. Canavan, during her pathologistship at the Boston State Hospital, kept an accurate account of expenditures in the laboratory, and found that they varied from \$200 to \$585 for a period of five years, 1910 to 1914, inclusive, being an average of \$378.

The first cost of the pathological plant is not large. It may safely be stated that if the cost of special chemical appliances be omitted, the sum of \$2,500 for the first cost of a laboratory plant is an exceedingly high estimate, and would permit the procuring of exceedingly good optical equipment, including a photo micrographic outfit.

Nor is the expense of the chemical appliances needed in modern routine laboratory chemical work forbidding. It is only that developments of chemistry in our hospital laboratories would be rendered difficult by the fact that they would vary largely from year to year.

The pathological service of the State Board of Insanity came into existence July 1, 1914, with the appointment of Dr. Myrtelle M. Canavan as assistant pathologist. Dr. Canavan was transferred from the laboratory of the Boston State Hospital. The service has now been completed on its present level of efficiency by the appointment of a stenographer and a technician.

The duties of the assistant pathologist are in part as follows: —

The Board desires to have its pathological department represented at autopsies performed at all hospitals, both public and private, upon cases of unusual importance, whether from a social, pathological or research point of view.

First. — As to the cases of social interest, in addition to the statutory notice to the Board, the Board has asked that its pathologist be immediately notified by telegraph or telephone of all cases of suicide or homicide, sudden death, and any cases to which the medical examiner is called, addressed to Dr. E. E. Southard, 74 Fenwood Road, Boston.

Second. — As to cases of pathological or research interest the Board has stated that it desires (a) so far as possible to provide an autopsy service for institutions not maintaining such service; (b) to supplement existing autopsy services by providing for emergencies, such as absence or disability of the institution pathologists; (c) to offer aid in special work on certain epidemics; (d) to aid in the exchange of research material which

the various institution pathologists are from time to time working on and (e) to carry on certain independent researches.

Following is a list of the autopsies, viewings of bodies in which autopsy was made, and viewing with no autopsy, at the different institutions for a period covering July 1 to Nov. 30, 1914: —

Autopsies.	Viewings and Autopsies.	Viewing only.
<i>July.</i>	<i>July.</i>	<i>August.</i>
Boston Hospital, . . . 2	Westborough Hospital, . . 2	Danvers Hospital, . . . 1
Medfield Hospital, . . . 2		Monson Hospital, . . . 1
<i>August.</i>	<i>August.</i>	<i>September.</i>
Boston Hospital, . . . 4	Taunton Hospital, . . . 1	Westborough Hospital, . . 1
Medfield Hospital, . . . 6	Worcester Hospital, . . . 1	Danvers Hospital, . . . 1
Psychopathic Hospital, . . 1		
<i>September.</i>	<i>September.</i>	<i>October.</i>
Medfield Hospital, . . . 8	Boston Hospital, . . . 2	Danvers Hospital, . . . 1
Boston Hospital, . . . 10	Westborough Hospital, . . 1	Monson Hospital, . . . 1
Westborough Hospital, . . 1		
<i>October.</i>	<i>October,</i>	
Medfield Hospital, . . . 5	Westborough Hospital, . . 1	
Boston Hospital, . . . 4	Boston Hospital, . . . 2	
Worcester Hospital, . . . 2	Worcester Hospital, . . . 1	
	Worcester Asylum, . . . 1	
	Monson Hospital, . . . 1	
<i>November.</i>	<i>November.</i>	
Boston Hospital, . . . 1	Westborough Hospital, . . 1	
Bridgewater Hospital, . . 1		
Boston City Hospital, . . 1		
Foxborough Hospital, . . 1		
Psychopathic Hospital, . . 3		
Massachusetts School for the Feeble-minded, . . . 2		
Medfield Hospital, . . . 5		
59		

The titles of the State Board of Insanity contributions for 1914 are as follows: —

21. 1914.1. E. E. Southard. "Eugenics versus Cacogenics: An Ethical Question." *Journal of Heredity*, Vol. V., No. 9, pp. 408-414, September, 1914.
22. 1914.2. E. E. Southard. "Notes on Public Institutional Work in Mental Prophylaxis, with Particular Reference to the Voluntary and 'Temporary Care' Admissions and the 'Not Insane' Discharges at the Psychopathic Hospital, Boston, 1912-13." *Journal of American Medical Association*, Vol. LXIII., Nov. 28, 1914, pp. 1898-1903.
23. 1914.3. E. E. Southard and Myrtle M. Canavan. "On the Nature and Importance of Kidney Lesions in Psychopathic Subjects: A Study of One Hundred Cases autopsied at the Boston State Hospital." *Journal of Medical Research*, Vol. XXVI., No. 2, November, 1914, pp. 285-299.

24. 1914.4. E. E. Southard and M. M. Canavan. "The Significance of Bacteria cultivated from the Human Cadaver: A Second Series of One Hundred Cases of Mental Disease, with Blood and Cerebrospinal Fluid Cultures and Clinical and Histological Correlations." *Journal of Medical Research*, Vol. XXXI., No. 3, January, 1915.
25. 1914.5. E. E. Southard. "On the Topographical Distribution of Cortex Lesions and Anomalies in Dementia Præcox, with Some Account of their Functional Significance." *American Journal of Insanity*, January, 1915.
Contributions 1914.6-1914.10, inclusive, formed "Report of an Epidemic of Paratyphoid Fever at the Boston State Hospital, Massachusetts, 1910." *Boston Medical and Surgical Journal*, Oct. 8, 1914, Vol. CLXXI., No. 15, pp. 545-559.
26. 1914.6. M. M. Canavan. "Epidemiological Features of an Outbreak of Paratyphoid Fever (*Bacillus Paratyphosus Alpha*)."
27. 1914.7. Mary E. Gill-Noble. "Clinical Features of an Outbreak of Paratyphoid Fever."
28. 1914.8. M. M. Canavan. "Notes on the Blood Cell Picture in Paratyphoid Fever and after Vaccination with *Bacillus Typhosus*."
29. 1914.9. M. M. Canavan. "Note on the Relation of Paratyphoid Fever to Antityphoid Vaccination."
30. 1914.10. E. E. Southard. "Conclusions from Work on the Paratyphoid Epidemic at the Boston State Hospital, 1910."
31. 1914.11. E. E. Southard. "The Association of Various Hyperkinetic Symptoms with Partial Lesions of the Optic Thalamus." *Journal of Nervous and Mental Disease*, Vol. 41, No. 9, October, 1914, pp. 617-639.
32. 1914.12. E. E. Southard and M. M. Canavan. "Normal-looking Brains in Psychopathic Subjects: Second Note (Westborough State Hospital Material)." *Journal of Nervous and Mental Disease*, Vol. 41, No. 12, December, 1914, pp. 775-782.
33. 1914.13. L. Vernon Briggs. "Problems with the Insane." Read at American Medico-Psychological Association, Niagara Falls, June, 1913.
34. 1914.14. A. W. Stearns. "Out-Patient Work in the Massachusetts State Hospitals for the Insane." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 19, pp. 712-715, Nov. 5, 1914.

The above-mentioned titles of the State Board of Insanity's medical contributions may be listed together with similar titles from the Psychopathic Hospital during 1914.

The titles of the 1914 contributions of the Psychopathic Hospital are as follows: —

35. 1914.1. A. Myerson. "The Albumen Content of the Spinal Fluid in its Relation to Disease Syndromes." *Journal of Nervous and Mental Disease*, Vol. 41, No. 3, March, 1914.
36. 1914.2. A. Myerson. "Contralateral Periosteal Reflexes of the Arm." *Journal of Nervous and Mental Disease*, Vol. 41, No. 3, March, 1914.
37. 1914.3. Henry R. Stedman. "The Art of Companionship in Mental Nursing." *Boston Medical and Surgical Journal*, Vol. CLXX., No. 18, April 30, 1914, p. 673.
38. 1914.4. E. E. Southard. "Feeble-mindedness as a Leading Social Problem." *Boston Medical and Surgical Journal*, Vol. CLXX., No. 21, May 21, 1914, p. 781.
39. 1914.5. Mary C. Jarrett. "The Function of the Social Service of the Psychopathic Hospital." *Boston Medical and Surgical Journal*, June 25, 1914.
40. 1914.6. A. Myerson. "Results of the Swift-Ellis Intradural Method of Treatment in General Paresis." *Boston Medical and Surgical Journal*, May 7, 1914.
41. 1914.7. Donald Gregg. "Treatment of Deliria in General and in Mental Hospitals." *The Modern Hospital*, May, 1914, Vol. II., No. 5.
42. 1914.8. E. E. Southard. "The Mind Twist and Brain Spot Hypotheses in Psychopathology and Neuropathology." *Psychological Bulletin*, April, 1914, Vol. XI., No. 4.
43. 1914.9. Walter B. Swift. "A Voice Sign in Chorea." *American Journal Diseases of Children*, June, 1914, Vol. VII., pp. 422-427. Contributions 1914.10-1914.15, inclusive, together with 1914.3 by H. R. Stedman, formed a portion of the papers read in full or in abstract form at a conference on "Modern Developments in Mental Nursing," held at the Psychopathic Hospital, Boston, Feb. 16, 1914.
44. 1914.10. Walter Channing. "Improved Nursing for the Mentally Ill." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 13, p. 473, Sept. 24, 1914.
45. 1914.11. M. Adelaide Nutting. "The Training of the Psychopathic Nurse." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 13, pp. 476-477, Sept. 24, 1914.
46. 1914.12. Donald Gregg. "A Comparison of the Drugs used in General and Mental Hospitals." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 13, pp. 476-477, Sept. 24, 1914.
47. 1914.13. Charles William Eliot. "Remarks at Conference on Modern Developments in Mental Nursing, Feb. 16, 1914." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 13, p. 477, Sept. 24, 1914.

48. 1914.14. E. E. Southard. "Analysis of Recoveries at the Psychopathic Hospital, Boston: I. One Hundred Cases, 1912-13, considered especially from the Standpoint of Nursing." *Boston Medical and Surgical Journal*, Vol. CLXXI., p. 478, Sept. 24, 1914.
49. 1914.15. Mary L. Gerrin. "Impressions of a General Hospital Nurse beginning Work in the Psychopathic Hospital (Boston, Mass.)." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 13, Sept. 24, 1914.
50. 1914.16. H. M. Adler and B. H. Ragle. "A Note on the Increase of Total Nitrogen and Urea Nitrogen in the Cerebrospinal Fluid in Certain Cases of Insanity, with Remarks on the Uric Acid Content of the Blood." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 21, Nov. 19, 1914.
- Contributions 1914.17-1914.28, inclusive, formed "Notes on the Second Annual Conference on the Medical and Social Work of the Psychopathic Hospital, Boston, Mass., June 26, 1914."
51. 1914.17. Walter Channing. "The Duty of the State to the Psychopathic Hospital." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
52. 1914.18. E. E. Southard. "Progress of the Psychopathic Hospital on the Prophylactic Side of Mental Hygiene." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
53. 1914.19. A. Warren Stearns. "The After-care Program and Results of the Psychopathic Hospital, Boston, 1913-14." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
54. 1914.20. Mary C. Jarrett. "Further Notes on the Economic Side of Psychopathic Social Service." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
55. 1914.21. Thomas H. Haines. "High-Grade Defectives at the Psychopathic Hospital during 1913." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
56. 1914.22. Donald Gregg. "Genetic Factors in 100 Cases of Psychoneurosis." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
57. 1914.23. Robert M. Yerkes. "The Point Scale: A New Method for measuring Mental Capacity." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 23, Dec. 3, 1914.
58. 1914.24. G. Philip Grabfield. "Variations in the Sensory Threshold for Faradic Stimulation in Psychopathic Subjects: First Note." *Boston Medical and Surgical Journal*, Vol. CLXXI., No. 24, Dec. 10, 1914.

59. 1914.25. H. S. Solomon and H. O. Koefod. "Experience with the Lange Colloidal Gold Test in 135 Cerebrospinal Fluids." Boston Medical and Surgical Journal, Vol. CLXXI., No. 24, Dec. 10, 1914.
60. 1914.26. Frankwood E. Williams. "Cases to Illustrate Symptomatic Psychoses of Cardioresenal Type." Boston Medical and Surgical Journal, Vol. CLXXI., No. 24, Dec. 10, 1914.
61. 1914.27. E. E. Southard and A. W. Stearns. "The Margin of Error in Psychopathic Hospital Diagnoses." Boston Medical and Surgical Journal, Vol. CLXXI., No. 24, Dec. 10, 1914.
62. 1914.28. H. M. Adler. "On the Systematic Control of Salvarsan Therapy based on the Rapidity of Arsenic Excretion." Boston Medical and Surgical Journal, Vol. CLXXI., No. 24, Dec. 10, 1914.
63. 1914.29. Thomas H. Haines. "Analysis of Recoveries at the Psychopathic Hospital, Boston. II. A Second Series of One Hundred Cases considered especially from the Standpoint of Psychopathic Nursing of Brief Manic-depressive Excitements and of Hysterical and Other Deliria." Boston Medical and Surgical Journal, Vol. CLXXI., No. 24, Dec. 31, 1914.

Last year a review of five years' work of the pathological department was made, which need not be repeated here, but in order to give a picture of the work at present being undertaken by the State Board of Insanity's department of investigation, and the Psychopathic Hospital acting virtually as an experiment station, I present an analysis of the first 100 publications of the two institutions as numbered serially: —

Considerations dealt with.

Clinical diagnosis and therapy,	40
General scope and results; propaganda,	20
Structural changes in the nervous system,	14
Social (legal, mental hygiene, social service),	12
Psychological work (mental tests),	8
Somatic changes (except nervous),	6

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Relative to Wassermann examinations, these have been performed by the Harvard laboratory during the year 1914 as in previous years. The State Board of Health made some steps toward taking over this work, but these failed to come to fruit-

tion during the year, and the sum of \$4,000 appropriated to the State Board of Health for such purposes was turned back into the State treasury at the end of the fiscal year. It is hoped, however, that the Wassermann work will be undertaken by the State during the ensuing year.

A report of over 6,000 examinations made in the Harvard laboratory was presented by the writer on the basis of the work done in 1913. The conclusions have a general interest and are presented here.

Summary.

1. On account of the varying standards and criteria which have held or will in future hold in the matter of Wassermann tests for syphilis, it has been thought wise to summarize the materials, controls and special precautions used in the Harvard testing laboratory.

2. General doubts are often raised as to the reliability of Wassermann's test on account of the "great number" of "doubtful" reactions; this "great number" resolves in our large series to 4 per cent. of the blood sera and 2 per cent. of the cerebrospinal fluids.

3. On statistical grounds we find the "doubtfuls" resolve much more frequently into "negatives" than into "positives."

4. Twenty-three per cent. of all sera examined were positive, and since the cases are in many instances picked as likely to be positive, this percentage is doubtless much higher than the community's total percentage.

5. Thirty-three per cent. of all cerebrospinal fluids examined were positive. The principle of selection of these cases was such (positive serum or symptoms of "organic" nervous or mental disease) that the result is of practical value, stateable as follows: The chances of a syphilitic origin for a case of "organic-looking" nervous or mental disease are not more than one in three.

6. The Massachusetts Reformatory for Women yields 44 per cent., partial index of the infected nature, though not necessarily of the infectivity, of prostitutes and other delinquent women.

7. The Danvers State Hospital (for the insane) yields between 19 and 22 per cent. positive sera in its routine intake of cases from Essex County.

8. The Worcester Asylum, a transfer institution (to which are transferred chiefly non-paretic cases), yields less than 3 per cent. positive. If this percentage should be maintained in future work,

one might infer that, from the group of persons in the community with insane tendencies and infected by syphilis, cases are drained off into the frankly parietic group, in such wise that a population of asylum *transfers* will be likely to show a *low* syphilis index. But this conclusion can be only tentative on account of many other issues.

9. The Psychopathic Hospital index (15 per cent.) is perhaps somewhat closer to the general community index than the others just mentioned on account of the large number of cases "not insane" that are tested, but it is evident that 15 per cent. would be too high an index to assign to the syphilis of the general population.

10. Aside from its capacity to solve problems of individual diagnosis, the Wassermann method is obviously of such value to the community that a community Wassermann service might well be undertaken by a State agency, such as the Board of Insanity or the Board of Health.

CASUALTIES.

Last year's annual report dealt, in about 10 pages, with the subject of casualties. The same remark is appropriate this year, viz., "if the requirement for reporting a given casualty depends on its gravity, there will be a difference of opinion in a large number of instances as to the necessity of filing a report." Perhaps it would be better to follow the rule of certain States, viz., to report every accident, however trivial, to a central sifting agency, which could divide the accidents into groups upon lines which might have the defect of being arbitrary, but would have the virtue of a single standard.

Total number of casualties, 346, — patients, 342; attendants, 4.

Table of Casualties arranged by Institutions.

INSTITUTION.	CASUALTIES.			AVERAGE ATTENDANCE.			AVERAGE NUMBER OF OFFICERS AND EMPLOYEES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Monson Hospital,	30	18	48	478	469	947	98	97	195
Taunton Hospital,	25	16	41	660	566	1,226	142	141	283
Bridgewater Hospital, ¹	31	—	31	790	—	790	—	—	—
Worcester Hospital,	17	14	31	701	698	1,399	185	184	369
Psychopathic Hospital,	16	11	27	42	45	87	67	75	142
Westborough Hospital,	17	9	26	528	709	1,237	181	177	358
Danvers Hospital,	11	15	26	632	840	1,472	167	140	307

¹ Comprises only part of an institution.

Table of Casualties arranged by Institutions — Concluded.

INSTITUTION.	CASUALTIES.			AVERAGE ATTENDANCE.			AVERAGE NUMBER OF OFFICERS AND EMPLOYEES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Worcester Asylum,	11	14	25	641	728	1,369	178	156	334
Medfield Hospital,	9	16	25	675	989	1,664	182	194	376
Boston Hospital, ¹	8	15	23	559	725	1,284	118	163	281
Massachusetts School for the Feeble-minded,	9	3	12	957	601	1,558	89	204	293
Gardner Colony,	9	3	12	459	253	712	83	54	137
Mental Wards, State Infirmary, ²	3	3	6	201	526	727	-	-	-
Northampton Hospital,	2	3	5	468	461	929	100	77	177
McLean Hospital,	1	3	4	87	129	216	160	174	334
Wrentham School,	1	2	3	265	335	600	24	74	98
Newton Nerve,	-	1	1	-	-	13	-	-	22
Total,	200	146	346	-	-	-	-	-	-

¹ Exclusive of Psychopathic Department.² Comprises only part of an institution.

Table of Casualties arranged by Institutions and by Severity of Injury.

[For Comparison.]

	Fractures.	Dislocations.	Gunshot.	Other Severe Injuries.	Total Severe Injuries.	Less Severe Injuries.
St. Luke's Hospital, ¹	1,585	85	99	232	2,001	2,064
<i>Receiving Institutions.</i>						
Boston Hospital: —						
Main Department,	15	1	-	-	16	8
Psychopathic Department,	-	-	-	-	-	27
Danvers Hospital (27 injuries to 26 patients),	14	1	-	-	15	12
Northampton Hospital (1 case no lesions),	2	1	-	1	4	-
Taunton Hospital (45 injuries to 41 patients),	5	1	-	-	6	39
Westborough Hospital (35 injuries to 26 patients),	14	4	-	-	18	17
Worcester Hospital (33 accidents to 31 patients),	19	2	-	-	21	12
<i>Institutions Chiefly for Transfers.</i>						
Gardner Colony (combination injuries, 14 to 12 patients),	3	-	-	2	5	9
Medfield Hospital (1 unsuccessful suicidal attempt),	18	1	-	1	20	4
State Infirmary, Mental Wards,	3	1	-	-	4	2
Worcester Asylum,	16	3	-	-	19	6
<i>Institutions for the Feeble-minded.</i>						
Massachusetts School for the Feeble-minded (1 assault with no lesions),	6	-	-	-	6	5
Wrentham School,	2	-	-	-	2	1
<i>Special Public Institutions.</i>						
Bridgewater Hospital (32 injuries to 31 patients),	3	2	-	-	5	27
Monson Hospital (no injury resulted in 2 cases; double injuries occurred in 8),	20	2	-	1	23	31
<i>Special Private Institutions.</i>						
McLean Hospital,	2	-	1	1	4	-
Newton Nerve,	-	-	-	-	-	1

¹ Keen's Surgery, Vol. V., p. 941, 1910.

Accidents in State Hospitals for the Year.

Monson Hospital,	48
Taunton Hospital,	41
Worcester Hospital,	31
Bridgewater Hospital,	31
Psychopathic Hospital,	27
Westborough Hospital,	26
Danvers Hospital,	26
Worcester Asylum,	25
Medfield Hospital,	25
Boston Hospital,	23
Massachusetts School for the Feeble-minded,	12
Gardner Colony,	12
Mental Wards, State Infirmary,	6
Northampton Hospital,	5
McLean Hospital,	4
Wrentham School,	3
Newton Nerve,	1
Total,	346

Following is a list of sudden deaths for the year:—

Number,	69
Number autopsied,	30
Found dead,	19
Complicated by fractures,	10
Choked by food,	4 (?)
Suicides,	7
Burns,	3
Probable cerebral hemorrhage,	5
Organic heart disease,	6 (?)
Deaths in general paresis,	2
Miscellaneous and unknown,	9

It appears from this list, and from the fact that less than 50 per cent. of these cases come to autopsy, that some new regulation (possibly statutory) should be made to insure our learning more accurately the causes of death in obscure cases. District attorneys are inclined to save money for their counties by countermanding the desires of medical examiners to perform autopsies in certain cases, notably cases in which the district attorneys feel that there is no evidence of foul play. It is to be hoped that the authorities can come to unanimity in this matter.

EXCERPTS FROM VARIOUS HOSPITAL REPORTS.

Worcester State Hospital.

The superintendent reports: —

- (1) A small epidemic of diphtheria.
- (2) Dysentery no longer a serious problem.

The pathologist reports: —

In addition to 45 autopsies (30 per cent. of deaths) and the usual clinicopathological routine the following papers have been published or are ready for publication: —

- "Correlations of Cerebrospinal Fluid Examinations with Psychiatric Diagnoses. A Study of 140 Cases." M. E. Morse, M.D. Boston Medical and Surgical Journal, Vol. CLXX., No. 11, p. 373.
- "Hemiatrophy of the Cerebellum in a Case of Late Catatonia." M. E. Morse, M.D. (in collaboration with Dr. A. E. Taft). Journal of Nervous and Mental Disease, Vol. 41, No. 9, September, 1914.
- "A Study of the Spinal Cord in a Case of Isolated Atrophy of the Intrinsic Muscles of the Hands." M. E. Morse, M.D.
- "Thalamic Gliosis in Dementia Præcox." M. E. Morse, M.D.
- "A Study of the Satellite Cells in Fifty Selected Cases of Mental Disease." Samuel T. Orton, M.D. "Brain," Parts 3 and 4, Vol. XXXVI.
- "A Note on the Circulation of the Cornu Ammonis." Samuel T. Orton, M.D. Anatomical Record, April, 1914.

Taunton State Hospital.

The trustees note: —

Additions to and variations in work therapy.

The superintendent notes: —

- (1) Much tuberculosis; small epidemics of scarlet fever and diphtheria.
- (2) Postgraduate nurses' training course for general hospital graduates.

The clinical director and pathologist notes: —

- (1) Systematized physical and mental examinations.
- (2) Seventy-five autopsies (increase of 35 over previous years).
- (3) Researches as follows: —

1. "The Albumen Content of the Spinal Fluid in its Relation to Diseased Syndromes." Abraham Myerson, M.D. Journal of Nervous and Mental Disease, Vol. 41, No. 3, March, 1914. This paper attempts to show that an increase in the albumen content of the spinal fluid is one of the first signs of general paresis, tumor of the brain and, in particular, Korsakoff's disease.

2. "The Results of Swift-Ellis Intradural Method of Treatment in General Paresis." Abraham Myerson, M.D. Boston Medical and Surgical Journal, Vol. 170, No. 19, May 7, 1914.
3. "A Note on the Relative Weight of the Liver and Brain in Psychoses." Journal of Nervous and Mental Disease, Vol. 41, No. 7, July, 1914. This paper is the first of a series dealing with the changes in the organs as compared with the changes in the brain in the psychoses, and emphasizes the fact that the former have not been sufficiently studied.
4. "Contralateral Arm Reflexes." Abraham Myerson, M.D. Journal of Nervous and Mental Disease, Vol. 41, No. 7, July, 1914. This paper describes a new reflex.
5. "Hysteria as a Weapon in Marital Conflicts." Abraham Myerson, M.D. Journal of Abnormal Psychology, in some future issue.
6. "Euglobulin Content of the Spinal Fluid." Abraham Myerson, M.D. (Read before the Boston Society of Psychiatry and Neurology; to be published later.) This paper points out the variations in the euglobulin content of the spinal fluid, and sets forth the diagnostic interpretations of the same.
7. "A Method for examining Blood." Abraham Myerson, M.D. (Read before the Boston Society of Psychiatry and Neurology, and forming the basis of a large part of the laboratory work carried on during the year.) This paper has not been published, since much more work has to be done to determine the value of the method described.

Northampton State Hospital.

The superintendent notes: —

- (1) The sixth case of pellagra in four years.
- (2) The absence of modern laboratory facilities at Northampton is to be deplored.

Danvers State Hospital.

The report catalogues all past and present higher officers.

The superintendent notes: —

- (1) Eight hundred and ninety-five presentations of patients at staff conference.
- (2) Out-patient clinics in Haverhill, Lawrence, Gloucester, Newburyport, Salem, Lynn.
- (3) Papers have been prepared as follows: —

- XXXVIII. "How far is the Environment Responsible for Delusions?" Drs. E. E. Southard and A. W. Stearns. Journal of Abnormal Psychology, 1913.
- XLIV. "General Paralysis." Dr. H. L. Paine. (Read before the New England Psychiatric Association, 1914.)

- XLV. "The Passing of Paranoia." Dr. J. B. MacDonald. Boston Medical and Surgical Journal, Vol. CLXX., 1914.
- XLVI. "Brain Tumor with Symptoms of Hysteria." Lawson G. Lowrey. (In preparation.)
- XLVIII. "Clinical and Anatomical Analysis of Cases of Insanity arising in the Second Decade." Drs. E. D. Bond and E. E. Southard. (In press.)
- XLIX. "Clinical and Anatomical Analysis of Cases of Insanity arising in the Fourth Decade." Dr. E. E. Southard and Mr. E. B. Allen. (In preparation.)
- L. "Cerebrospinal Fluid Tests; Clinical and Anatomical Findings." Lawson G. Lowrey. (In preparation.)
- LI. "Pellagra and its Symptoms." Dr. J. B. MacDonald. Boston Medical and Surgical Journal, Vol. CLXXI., 1914.
- LII. "The Association of Various Hyperkinetic Symptoms with Partial Lesions of the Optic Thalamus." Dr. E. E. Southard. Journal of Nervous and Mental Disease, Vol. 41, 1914.
- LIII. "On the Topographical Distribution of Cortex Lesions and Anomalies in Dementia Præcox, with Some Account of their Functional Significance." Dr. E. E. Southard. American Journal of Insanity, 1914-15.

(4) Hog cholera in June (loss of 162 head).

Brief reports of clinical groups are presented as follows: Manic Depressive, J. H. Travis (25 per cent. admissions); Dementia Præcox, N. G. Trueman (16 per cent. admissions); General Paresis, G. M. Kline (11 per cent. admissions).

(5) Social service (Hannah Curtis).

Westborough State Hospital.

The pathologist notes: —

- (1) Forty autopsies.
- (2) Photographic enlargements for teaching purposes.
- (3) Systematic Wassermann tests.
- (4) One paper published, two in preparation.

Boston State Hospital.

The trustees note, concerning the Psychopathic Department: —

At the request of the State Board of Insanity the assistant State pathologist has been given quarters at this department.

The superintendent notes perplexities and difficulties peculiar

to the period under discussion, with "retrenchment and pseudo-economics in every department," only valuable as demonstrating loyalty of officers.

Worcester State Asylum.

The trustees note: —

(1) The desirability of a hydriatric outfit for the colony.

(2) The desirability of retaining the Summer Street building ("its location is ideal for a much-needed psychopathic hospital").

The superintendent notes: —

(1) A few infectious and contagious diseases, — typhoid fever, erysipelas (6 cases), German measles, diphtheria, tonsillitis (40 to 50 cases), dysentery (57 cases), pellagra (1 case).

(2) Special work with Wassermann test (7 to 8 per cent. positive); 16 of 105 cases with positive serum are cases of general paresis.

(3) Worcester as the logical place for a psychopathic hospital.

(4) Industrial work and exhibit.

(5) Social work by woman physician.

(6) Out-patient work weekly.

(7) Monthly staff meetings.

(8) Desirability of a physician for dispensary and laboratory work.

Medfield State Hospital.

The trustees again ask for a building for contagious diseases, surgery and dispensary. In such a building laboratory work could effectively be done in a small suite.

There was an epidemic of over 80 cases of bacillary dysentery beginning in August and over in November.

Hog cholera broke out in June. Isolation failed. Double inoculation by the Board of Animal Industry carried on (results doubtful).

The superintendent comments on the value of the services of the State Board's pathological service.

State Infirmary.

The superintendent writes as follows: —

(1) Concerning syphilis: "The treatment of syphilis with Ehrlich's arsenical preparations during the two previous years was given to 490 patients, receiving in all 1,201 doses. During the present year 267 patients have received 743 doses of neosal-

varsan, making 757 cases treated and 1,944 doses given during the last three years. This year's cases include, besides those showing recent infection, many cases of bone, joint, nerve and other more obscure lesions, directly traceable to syphilis. The results of this treatment continue very satisfactory, and cases admitted with recurrence of their lesions are less than usual. This is especially noticeable in those patients treated during the two previous years. During the early fall, on account of the inability to obtain neosalvarsan because of the European war, we were forced to resort to the use of mercury in treating the syphilitics. In all, about 40 cases received thorough courses of mercury given by intramuscular injections. The results were good in most instances, but the time necessary to heal the open lesions was much longer than with the arsenic preparations. This lengthens the individual hospital time of the patient, tending to increase the per capita cost, and lessening the available room for treating other cases. Therefore we conclude that, from a therapeutic and economical standpoint, salvarsan and neosalvarsan remain our most valuable agents in combating syphilitic infections."

(2) "The new laboratory building has just been completed, with ample opportunities for post-mortem examinations, with seats for instruction of nurses and students, with museum section, consulting room, office, one large laboratory for general pathology, one smaller section for biological chemistry and one for bacteriology, with three smaller rooms for the heads of these different departments."

Bridgewater State Hospital.

The medical director notes the desirability of a pathologist.

Monson State Hospital.

The superintendent reports: —

- (1) Precautions concerning foot-and-mouth disease.
- (2) Satisfactory progress in laboratory work (Dr. Douglas A. Thom).

Wrentham State School.

The trustees note: —

- (1) Possibility that Wrentham may in the future have more than 1,500 boys.
- (2) Possibility of boarding out or at home certain cases under supervision.

McLean Hospital.

Standards of clinical work are indicated by quotations from superintendent's report:—

"We try to collect data not only for the present but for future needs. This, and the desirability of gathering such data as may serve as a basis for testing the validity of the spreading Freudian psychology and interpretations, greatly increase the time necessary for both examining patients and recording the results. A full complement of interested and experienced assistants is a desideratum, if not a necessity, for such work."

Concerning psychology: "Experimental psychology, so far as it has concerned itself with adaptive reactions at all, has been devoted essentially to the measurement of time factors, which are very easy to measure and facile of manipulations, but have not produced results of much practical significance, and seem unlikely to do so because the adequacy of all the higher mental reactions is nearly independent of the minute differences in quickness to which these measurements are limited. Therefore it is necessary to develop experimental methods in which the adequacy and appropriateness of reactions shall receive consideration above the factor of mere quickness.

"The principle of such methods is to present to the individual different situations to which proper reactions are established, though false reactions are measurable, and to study the factors which make some individuals react well to these situations, and others badly.

"To this end the laboratory has been practically refitted during the past year and a number of special pieces of apparatus constructed, while others are still under construction.

"The remainder of the experimental work has been done with Professor Dodge at the Carnegie Nutrition Laboratory, as described in the last report. This work is now completed and practically ready for publication."

The following papers have been published during the year by members of the hospital staff:—

Dr. Abbott: "What is Paranoia?" (American Journal of Insanity.)

"A Case of Pure Psychic Epilepsy." (The Journal of Nervous and Mental Disease.)

Miss Jones: "The Value of the Library in the Hospital for Mental Disease." (Maryland Psychiatric Quarterly.) "Culture Courses in Training Schools for Nurses." (Modern Hospital.)

Dr. Wells:

Original articles: "The Personal Factor in Association Reactions." (Address at the opening of the Phipps Psychiatric Clinic. American Journal of Insanity.) "Concerning Individual Differences in Reaction Times." (V. A. C. Henmon and F. Lyman Wells. The Psychological Review.) "Professor Cattell's Relation to the Association Method." (Columbia Contributions to Philosophy and Psychology. Cattell Commemorative Volume.) "The Systematic Observation of the Personality — in its Relation to the Hygiene of Mind." (The Psychological Review.)

Reviews: "Experimental Psychopathology." (The Psychological Bulletin.) "Dynamic Psychology." (The Psychological Bulletin.)

SUMMARY.

Progress for the year may be summed up as follows: —

(1) Continued successful operation of the Psychopathic Hospital as observation and investigation station.

(2) Special training of officers from various State institutions at the Psychopathic Hospital.

(3) Establishment of special training courses for candidates for State hospital positions.

(4) Special statistical work on syphilis.

(5) Special therapeutic work with arsenic (Adler) and with hydrotherapy (Adler).

(6) Special cerebrospinal fluid studies (Myerson, Solomon).

(7) Establishment of the Martin electric sensory threshold test as of practical prognostic value (Grabfield).

(8) Numerous minor researches (the first 100 publications of the State Board and the Psychopathic Hospital, 1913-14, are distributed as follows: clinical diagnosis and treatment, 40; propaganda, general scope and results, 20; structural changes in nervous system, 14; social, 12; psychological, mental tests, 8; somatic but non-nervous, 6).

(9) Special industrial work at various institutions.

(10) Special attention to epidemics and to infectious and contagious diseases.

Other advances are noted under "Progress in Psychiatry" in the body of this report.

Respectfully yours,

E. E. SOUTHARD, M.D.,

Pathologist.

PROGRESS IN PSYCHIATRY.

The year's progress in psychiatry is briefly discussed from (a) the local and (b) the general point of view.

(a) As detailed elsewhere in this report, and in annual reports of the several institutions, the progress of the year in psychiatry in Massachusetts may be summed up as follows:—

First.—The official development of out-patient departments in connection with the majority of the State institutions is the most important local advance. The diagnosis of local cases of feeble-mindedness and of borderland psychoses and psychoneuroses is perhaps the most important work as yet. Awakening of local medical spirit in the direction of appreciating the importance of mental defect and allied effect in the community is an almost equally important function of these departments.

The departments for local autonomy to their organization has been greatly aided by the State Board, which appointed Dr. A. W. Stearns for a time as special assistant in out-patient organization.

The taxpayer may inquire whether a visible tax rate will not be increased by this process of community work in mental prophylaxis. In point of fact, the Psychopathic Hospital Out-patient Department, handling about 100 new cases a month, does not need to refer into the wards more than about 1 in 5 of its cases.

Second.—An important line of advance is that of the newly organized pathological service of the State Board, whose function has been sufficiently described in the pathologist's report.

Third.—The increased alertness of the community in the matter of feeble-mindedness may be mentioned. Those concerned with feeble-mindedness, and especially Dr. Walter E. Fernald, have covered the State in local lectures upon feeble-mindedness, emphasizing such portions of the eugenics propaganda as seem to be thoroughly and scientifically established.

The problem of the defective delinquents is being ventilated, and those interested on the penal side are drawing together with those interested from the psychiatric side. The State Board has advanced this movement by providing for special

studies to determine the quota of feeble-minded in certain institutions for delinquents, including the prison population of the State.

Fourth. — Progress has been made toward the establishment of an effective census of epileptics.

Fifth. — There has been an increased interest in the subject of casualties and their avoidance or prevention. The fatal cases have been handled carefully by the pathological service, whose work has supplemented that of the medical examiners in certain instances. Reference may be made to the tables of casualties classified in various ways in the pathologist's report above.

Sixth. — A long step forward has been taken by the State Board in requiring either experience or a period of special training on the part of physicians taking positions in the State hospitals. The Psychopathic Hospital has become to some extent a training school for physicians.

Lastly, the activities of the Psychopathic Hospital itself may be mentioned. The hospital has become surprisingly effective in attracting voluntary patients. The temporary care act has had another year of uninterrupted success. It is recommended that the period of temporary care be extended from seven to ten days, and a bill will be introduced into the Legislature of 1915 to bring this change about.

Outside the official activities of the State Board and the State institutions there have been numerous signs of increased interest on the part of the public. The Harvard Medical School has for the second time offered, through Prof. Milton J. Rosenau, pathologist to the State Board of Health and director of the school for health officers, a course in mental hygiene. The lectures were arranged by the Psychopathic Hospital staff, and the public was invited to the lectures and attended to the number of 50 or 100 at each lecture.

The Massachusetts Society for Mental Hygiene has started in a work in propaganda and has upon its directorate various heads of institutions in the State, as well as the members of the State Board. The executive officer, Dr. Frankwood E. Williams, assumed his position after a term of service at the Psychopathic Hospital, and is fully conversant with local conditions.

(b) *General.* — The progress of the year has naturally been interfered with in Europe by the great war. Comment has been made on the importance attributed to psychiatry in Germany. As indicated by the number of military surgeons and physicians detailed to service in the nervous and mental clinics, the proportion is as high in these clinics as in other clinics. Of the scientific officials at the clinic of the Charité, 6 out of 10 were detailed from the army.

Widespread interest in the extramural or community side of psychiatry seems to be more a feature in the United States than elsewhere. For example, the New York State Charities Aid Association reports that the reorganization of the parole system in the 14 New York hospitals for the insane has saved the State \$87,000 in a year.

The interest in Great Britain and Ireland is indicated by the fact that in November, 1911, the Medico-Psychological Association of Great Britain and Ireland appointed a committee to consider the "Status of Psychiatry as a Profession in Great Britain and Ireland, and the Reforms Necessary in the Education and Conditions of Service of Assistant Medical Officers." This year they have presented a full report. Among the recommendations are the following: —

The appointment of clinics for mental diseases in connection with universities, medical schools and general hospitals equipped for research work in and for the treatment of mental disorders available as places for undergraduate and postgraduate study. Patients are to be received on a voluntary basis into these clinics, and provision is also recommended for the reception of voluntary patients in the large public asylums.

Postgraduate work is to be encouraged among medical officers of institutions for the insane, and for this purpose suitable leave of absence is to be granted medical officers for study at recognized clinics.

It is recommended that all medical officers entering asylum service be appointed for a probationary period of two years, and do not become established medical officers until they have passed an examination in psychiatry, lunacy law and hospital administration. At the same time, the committee feels that larger use should be made of the Poor Asylum committees, now composed of retiring unsatisfactory medical officers.

It is increasingly probable that a bill to establish a mental hygiene department of the Bureau of Public Health of the

United States government will pass at a session of Congress in 1915 or 1916.

Inquiries have been made at the Psychopathic Hospital concerning possible training for officers going into the mental hygiene branch of the Bureau of Public Health.

The psychopathic hospital movement is growing. We present a list of psychopathic hospitals and wards now established.

Psychopathic Hospitals.

NAME OF INSTITUTION.	Location.	Name of Chief Executive Officer.	Title.
The State Psychopathic Hospital at the University of Michigan,	Ann Arbor, Mich.,	Albert M. Barrett,	Medical director.
Syracuse Psychopathic Hospital,	Syracuse, N. Y.,	Hersey G. Locke,	Superintendent.
Psychopathic Department of the Boston State Hospital,	Fenwood Road, Boston, Mass.,	E. E. Southard,	Director.
Henry Phipps Psychiatric Clinic,	John Hopkins Hospital, Baltimore, Md.,	Adolf Meyer,	Director.
Psychopathic Department, Los Angeles County Hospital,	1100 Mission Road, Los Angeles, Cal.,	C. H. Whitman,	Superintendent.
Cook County Psychopathic Hospital,	Wood and Polk streets, Chicago, Ill.,	Haim I. Davis,	Superintendent.

Psychopathic Wards.

			Title of his rank.
Psychopathic Pavilion, U. S. A. General Hospital,	Presidio, San Francisco, Cal.,	An army medical officer,	Attending specialist.
Pavilion F. Albany Hospital,	Albany, N. Y.,	J. Montgomery Mosher,	Physician in charge.
Psychopathic Wards, Newark City Hospital,	Newark, N. J.,	Christopher C. Beling,	Chief resident physician.
Psychopathic Ward, Bellevue Hospital,	New York City,	Minas S. Gregory,	Chief medical officer.
Psychopathic Pavilion, Immigrant Hospital,	Ellis Island, New York Harbor,	L. L. Williams,	Resident psychiatrist.
Psychopathic Wards of St. Francis Hospital,	Pittsburg, Pa.,	Geo. W. Smeltz,	Chief resident alienist.
Observation Ward, King's County Hospital,	Brooklyn, N. Y.,	Sylvester R. Leahy,	

In numerous States progress has been made in the division of labor on the part of institutions for special types of mental defectives. The National Association for the Study of Epilepsy is forwarding a movement to have epileptics separated from feeble-minded in more and more States.

There is to be a new State epileptic colony at Dixon, Ill., to consist of 60 one-story cottages.

Progress is also being made in a department of work somewhat neglected as yet in Massachusetts; at least, Massachusetts has not developed separate institutions or large special units for the tuberculous insane, such as have been employed or proposed in Wisconsin, Kentucky and Iowa.

New York has taken up with great energy the problem of the alien insane. A report has been rendered to Governor Glynn by Spencer L. Dawes, special commissioner on the alien insane. Dawes states that the removal of 1,753 aliens and non-resident insane saved \$3,872,973.02. He states that for every dollar spent in deportation and allied expenses the State saves \$82.57.

Important progress has been made by the national committee for mental hygiene on the securing of funds with which to prosecute a continuous policy for a term of years. Shortly after the period covered by the present report it is supposed that this income will be furnished by the Rockefeller Foundation and by gifts of certain millionaires. The fact that interest in our neglected field has finally attained this goal is encouraging.

The establishment of local mental hygiene societies is proceeding as rapidly as seems desirable. The efforts of Dr. Thomas W. Salmon, director, and Mr. Clifford W. Beers, secretary, are subject to congratulations.

OCCUPATION AND INDUSTRIES.

If the work of occupational therapy is as important as we believe, it certainly demands an organization which should reach every part of the institution. It is necessary to have instructors who have a broad, general knowledge of their subject beside special training, sympathy and tact. With a director of the work in each hospital who has had this training, and, in

addition, an assistant who would spend her time either on the wards or in the industrial room; also a course in handwork as a necessary part of the course of the training school for nurses, — including both class instruction and experience in the industrial room, — occupational therapy would have the beginning of organization, the importance of which would be far-reaching in its effect.

At present ten State institutions have signified their intention of having such courses as a part of the training school course. Classes have already started at Worcester, Taunton, Westborough and Boston State hospitals, Worcester Asylum and Gardner State Colony. At the Northampton, Medfield and Monson State hospitals, and at the State Infirmity, classes begin shortly.

There are three institutions — Worcester State Hospital, Boston State Hospital and Worcester Asylum — where both forms of instruction are given, — class instruction and experience in the industrial room.

A year ago there were two hospitals in the State — Taunton and McLean — where class instruction in handwork was a part of the training school course; and four hospitals — Worcester, Danvers, Boston and Worcester Asylum — where time in the industrial room was required as a part of the training school course. There was no hospital where both forms of instruction were given.

The time spent in the industrial room by nurses in training varies in different hospitals from two to four weeks. The classes in handwork vary with the conditions in the different institutions. Basketry (reed and raffia) has been included in all courses.

At present there is but one woman having charge of industrial work who has been at the same hospital for as long a period as two years. It is necessary for the success of the work that instructors spend a longer period than eight or ten months at a hospital. With trained instructors in place of those who have simply picked up some little knowledge there would be not only longer service but greater efficiency.

There are, in the State institutions for the insane, ten women instructors of occupational work whose time is given wholly to the subject. Four of these instructors have one assistant (at

Northampton, Danvers, Boston and Medfield State hospitals); and one instructor has four assistants (Gardner State Colony). One hospital, the State Infirmary, has, in addition to the instructor, a kindergartener and also an entertainer, the last two giving part time. One hospital (Westborough) has both an instructor and an industrial supervisor. In one hospital (Taunton), the superintendent of nurses is also the industrial supervisor. At two hospitals (Worcester and Worcester Asylum) the instructors have charge of diversion.

At present there are eight instructors with special training, other than that of nurse, teaching in the State institutions for the insane, — an increase of five over a year ago.

The assistance of the director of industries was requested by the superintendents of Worcester, Northampton and Westborough State hospitals, Worcester State Asylum and Gardner State Colony, in finding trained instructors for the occupational work. Five such instructors were appointed.

Two talks on occupational therapy for the insane have been given the nurses of the following hospitals: Worcester, Taunton, Danvers, Westborough, Boston, Medfield and State Infirmary.

A course of ten lessons in basketry was given a class of nine nurses at the Westborough State Hospital.

Courses of twelve lessons were given a class of ten nurses at the Grafton Colony and eight nurses at the Worcester State Asylum. A course of ten lessons was given a class of nine supervisors at the Medfield State Hospital.

At the Northampton State Hospital basketry has been started on the suicidal ward, where the director of industries worked with the nurse in charge. The industrial teacher was also given added instruction.

At the Monson State Hospital reed basketry has been introduced, both at the Children's Colony and at the main hospital. The principal weaves were taught in the girls' schoolroom; the physician, industrial teacher, three nurses and several children worked part of the time. The industrial teacher at the main hospital has been taught rake knitting and the tooling of leather. The assistant teacher has also been taught leather tooling and simple bobbin lace.

The educational exhibit was at Tewksbury over two months. After a year's travel, having been shown at each hospital, with

the exception of Bridgewater, Foxborough and the Psychopathic Department, many articles were worn out; and it was decided not to show it further.

Included in the exhibit were several books and articles belonging to the State. These have been card-indexed, and with a few additional books are being loaned to the different hospitals as occasion arises. Those not loaned are kept at the State House. At present there are twelve books and eleven baskets loaned. Twenty-six books and twenty-six articles have been loaned during the year.

Notices of evening classes have been sent to the superintendents of hospitals near Boston. Six of the instructors of the hospitals have joined classes (in five instances, evening classes) for further instruction regarding special work.

Addresses, patterns and information of different kinds have been sent all the hospitals.

The equipment for industrial work has been increased during the year in all the institutions. In many instances cubic space for the work has also been increased.

Taunton, Danvers, Westborough and Boston State hospitals have each had an exhibit and sale of patients' handiwork at their respective hospitals. Northampton, Danvers and Monson State hospitals, Worcester State Asylum and Gardner State Colony have exhibited their work at local fairs.

It is believed that the following suggestions would result in benefit to the patients and to the economy and welfare of the State: —

1. That the plain sewing throughout the institutions be made more regularly a part of the work for patients.

2. That for those patients unable to go to departments, a regular period of work, under the supervision of a nurse present upon the ward, be made a part of the routine of the hospital.

3. That there be a more systematic attempt at gardening among the women patients.

4. That there be a more systematic arrangement of games among all classes of patients.

5. That every hospital have more adequate accommodation for industrial work.

Ninety-six visits to the State institutions were made by the director of industries.

COMMITMENTS FOR OBSERVATION AND TEMPORARY CARE
FOR THE WHOLE STATE.

The number of commitments for observation (under section 43, chapter 504, Acts of 1909) was 152 for the year. The period designated by the judges in the various cases was usually thirty days.

Of these cases, 40 were subsequently committed, 6 were re-committed for observation, 66 were discharged, 9 were committed to other institutions, 1 was transferred to another institution, 5 died, 1 escaped and 15 were remaining at the close of the year.

Under chapter 307 of the Acts of 1910, requiring that emergency cases which come into the care or protection of the police in Boston be taken to the Boston State Hospital for temporary care, and forbidding the use of prisons, jails or penal institutions for such persons, 436 were taken to the Psychopathic Department of the Boston State Hospital. Of these, 109 were subsequently regularly committed to the Boston State Hospital, 107 were committed to other institutions, 162 were discharged, 6 died, 15 were admitted voluntarily, 7 were committed for observation, and 21 were returned to institutions. Nine such cases were remaining at the close of the year.

There were 18 admissions under section 34, chapter 504 of the Acts of 1909, which provides for the apprehension of a patient before examination and commitment. Three of these were subsequently committed and 9 discharged, 1 was committed for observation, 4 were committed to other institutions, and there was 1 remaining at the close of the year.

Under chapter 395 of the Acts of 1911, 1,400 cases were admitted, of whom 163 were subsequently committed, 533 were committed to other institutions, 31 were committed for observation, 323 were discharged, 210 were received under the voluntary status, 6 were returned to institutions, 68 were admitted as emergency cases, 1 was readmitted under chapter 395, 17 died, and 20 were remaining at the close of the year.

There were 106 emergency admissions under section 42, chapter 504, Acts of 1909, of whom 61 were regularly committed, 5 were committed for observation, 14 were committed to other institutions, 15 were admitted voluntarily, 1 was admitted as

emergency, 7 were discharged, and 3 were remaining on September 30.

Voluntary admissions numbered 931, of whom 147 were regularly committed, 4 were committed for observation, 1 as emergency, 1 returned to institution, 10 were made voluntary admissions to other hospitals, 616 were discharged, 23 allowed to go on visit, 11 died, 3 escaped, and 115 were remaining at the close of the year.

	ADMISSION UNDER —					
	Section 34, Chapter 504, Acts of 1909 (Apprehension of Alleged Insane Person).	Section 43, Chapter 504, Acts of 1909 (for Observation).	Chapter 307, Acts of 1910 (for Temporary Care, Boston Hospital).	Chapter 395, Acts of 1911 (for Temporary Care).	Section 45, Chapter 504, Acts of 1909 (for Voluntary Care).	Section 42, Chapter 504, Acts of 1909 (for Care in Emergency).
Admitted during year, . . .	18	152	436	1,400	931	106
Discharged,	9	66	162	323	616	7
Discharged to Immigration Commission.	-	-	-	27	-	-
On visit,	-	-	-	-	23	-
On escape,	-	1	-	1	3	-
Died,	-	5	6	17	11	-
Regularly committed, . . .	3	40	109	163	79	61
Committed for observation, .	1	6	7	31	4	5
Readmitted under chapter 395, .	-	-	-	1	-	-
Admitted as emergency, . . .	-	1	-	68	1	1
Admitted voluntarily, . . .	-	8	15	186	-	2
Returned to institutions, . . .	-	-	21	6	1	-
Transferred to other institutions,	-	1	-	-	-	-
Committed to other institutions, .	4	9	107	533	68	14
Voluntary to other institutions, .	-	-	-	24	10	13
Remaining Sept. 30, 1914, . . .	1	15	9	20	115	3

¹ Does not require a physician's certificate, and takes the place of section 44, chapter 504, Acts of 1909.

It is to be noted with interest that during the year covered by the report there were 931 voluntary admissions, 1,400 under chapter 395, Acts of 1911, and 436 under chapter 307, Acts of

1910, making a total of 2,767 patients who were admitted without any action of the court or judge or other very formal proceeding. Of these 2,767 cases thus admitted, 1,128 were discharged without commitment, 34 died before commitment, 235 signed voluntary requests, and 115 voluntary patients continued their stay in the voluntary status, no commitment being considered necessary, making a total of 1,512 persons who secured the benefits of treatment in our public or private hospitals for the insane without the formality of a procedure before a judge, which would have been attended with delays, legal exactions, semi-publicity and the stigma of having been pronounced insane, all of which was thus obviated, to the comfort and satisfaction of the patients and friends.

THE STABILITY OF SERVICE

in the institutions averages about the same as the previous year. There were 2.43 rotations of all employees, compared with 2.55 rotations the previous year; 2.80 in the nursing staff, compared with the same figure the previous year. The maximum stability for the whole service was at the Westborough Hospital; where there were only 2.03 rotations; and for the nursing staff at the Medfield Hospital, where there were 2.22 rotations.

The average length of the interval between rotations of all employees was 5 months; of all nurses, 4.34 months; men nurses, 3.95 months; women nurses, 4.66 months.

The average shortage of employees was 7.34 per cent.

Rotation in Service of Persons employed in Institutions during the Fiscal Year ending Nov. 30, 1914.

INSTITUTIONS.	WARD SERVICE.						WHOLE SERVICE.			
	MEN.			WOMEN.			TOTALS.			Rotations.
	Average Number of Nurses.	Number Different Persons.	Rotations.	Average Number of Nurses.	Number Different Persons.	Rotations.	Average Number of Nurses.	Number Different Persons.	Rotations.	
The insane: —										
State hospitals and asylums: —										
Worcester Hospital,	90	353	3.92	109	343	3.15	199	696	3.50	2.87
Taunton Hospital,	74	257	3.47	73	263	3.60	147	520	3.54	2.54
Northampton Hospital,	47	149	3.17	42	142	3.38	89	291	3.27	2.48
Danvers Hospital,	70	169	2.41	93	217	2.33	163	386	2.37	2.97
Westborough Hospital,	92	228	2.48	111	227	2.04	203	455	2.24	2.03
Boston Hospital, ¹	84	201	2.39	155	378	2.44	239	579	2.42	2.23
Totals,	457	1,357	2.97	583	1,570	2.69	1,040	2,927	2.81	2.39
Worcester Asylum,	73	368	5.04	80	216	2.70	153	584	3.82	2.89
Medfield Hospital,	74	174	2.35	126	271	2.15	200	376	2.22	2.30
Gardner Colony,	44	150	3.41	20	75	3.75	64	225	3.51	2.60
Totals,	191	692	3.62	226	562	2.49	417	1,254	3.01	2.60
Totals, hospitals and asylums,	648	2,049	3.16	809	2,132	2.63	1,457	4,181	2.87	2.45
Miscellaneous: —										
Monson Hospital,	44	97	2.20	53	129	2.43	97	226	2.33	2.16
Foxborough Hospital,	21	49	2.33	2	13	6.50	23	62	2.69	2.23
Massachusetts School for the Feeble-minded,	26	77	2.96	160	345	2.16	186	422	2.27	2.21
Wrentham School,	4	14	3.50	60	207	3.45	64	221	3.45	3.18
Totals,	95	237	2.49	275	694	2.52	370	931	2.51	2.34
Aggregates,	743	2,286	3.08	1,084	2,826	2.61	1,827	5,112	2.80	2.43

¹ Includes Psychopathic Department.

THE CAPACITY FOR PATIENTS

in all the institutions Dec. 1, 1914, was 15,834, compared with 15,535 the previous year, an increase of 299 beds. The whole number of patients in them was 16,346, compared with 15,847 the previous year, an increase of 499. Hence there is a deficiency of provision for 512 patients, or 3.23 per cent.

THE CAPACITY FOR THE INSANE

in State institutions Dec. 1, 1914, was 12,770, an increase of 254 beds. The whole number of patients in them was 13,174, compared with 12,799 the previous year, an increase of 375. Hence there is a deficiency of provision for 404 patients, or 3.16 per cent.

There is no additional provision for the insane in process of construction. The Legislature of 1912 authorized the removal of patients from the Worcester Asylum to the Grafton Colony, and abandonment of the present asylum at Worcester. There are provisions for 384 patients at Grafton Colony not yet in use, and when these are ready for occupancy the 636 patients now at the main asylum will have to be removed therefrom. As the buildings at Grafton Colony provide for 384, 252 patients will have to be cared for in other institutions, thus increasing the overcrowding.

Work was in progress at the close of the year for 490 new beds for the feeble-minded. These will probably be available within the coming year.

Working Capacities of Institutions.

INSTITUTIONS.	WORKING CAPACITIES FOR 1915.				TOTALS.	
	MALES.		FEMALES.		Dec. 1, 1914.	Increase for the Year.
	Dec. 1, 1914.	Increase for the Year.	Dec. 1, 1914.	Increase for the Year.		
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	783	—	646	4	1,429	4
Taunton Hospital,	605	10	1,203	—	1,808	10
Northampton Hospital,	426	—	393	—	819	—
Danvers Hospital,	567	3 ¹	777	—	1,344	3 ¹
Westborough Hospital,	518	—	675	—	1,193	—
Boston Hospital, ²	659	148	747	29 ¹	1,406	119
Totals,	3,558	155	3,836	25 ¹	7,394	130
Worcester Asylum,	660	5 ¹	673	4 ¹	1,333	9 ¹
Medfield Hospital,	627	—	905	—	1,542	—
Gardner Colony,	454	30	257	—	711	30
Totals,	1,741	25	1,835	4 ¹	3,586	21
Totals, hospitals and asylums,	5,309	180	5,671	29 ¹	10,980	151
Mental Wards, State Infirmary,	177	—	496	—	673	—
Bridgewater Hospital,	818	—	—	—	818	—
Foxborough Hospital (insane),	256	60	43	43	299	103
Totals,	1,251	60	539	43	1,790	103
Total insane,	6,560	240	6,210	14	12,770	254
Miscellaneous: —						
Monson Hospital,	555	123	421	—	976	123
Foxborough Hospital (inebriate),	—	103 ¹	—	—	—	103 ¹
Massachusetts School for the Feeble-minded,	941	—	542	—	1,483	—
Wrentham School,	260	75	345	50 ¹	605	25
Totals,	1,756	95	1,308	50 ¹	3,064	45
Aggregates,	8,316	335	7,518	36 ¹	15,834	299

² Includes Psychopathic Department.¹ Decrease.

Working Capacities of Institutions — Concluded.

INSTITUTIONS.	NUMBER OF PATIENTS IN INSTITUTIONS DEC. 1, 1914.			Increase for the Year.	EXCESS OF PATIENTS.				
	Males.	Females.	Totals.		Number of Males.	Number of Females.	TOTALS.		
							Number.	Percentage.	
The insane: —									
State hospitals and asylums: —									
Worcester Hospital,	713	698	1,411	76	701	52	181	1.251	2.89
Taunton Hospital,	676	556	1,232	104	71	421	29	2.41	5.02
Northampton Hospital,	462	419	881	191	36	62	67	7.57	6.61
Danvers Hospital,	615	813	1,428	7	48	36	54	6.25	1.12
Westborough Hospital,	510	674	1,184	661	81	11	91	7.751	
Boston Hospital, 2	642	830	1,472	155	171	83	66	4.69	
Totals,	3,618	3,990	7,608	257	60	154	214		
Worcester Asylum,	638	762	1,400	37	221	89	67		
Medfield Hospital,	661	983	1,644	481	24	78	102		
Gardner Colony,	460	259	719	36	6	2	8		
Totals,	1,759	2,004	3,763	25	8	169	177		
Totals, hospitals and asylums,	5,377	5,994	11,371	282	68	323	391		
Mental Wards, State Infirmary,	199	534	733	26	22	38	60		
Bridgewater Hospital,	801	—	801	3	171	—	171		
Foxborough Hospital (insane),	226	43	269	64	301	—	301		
Totals,	1,226	577	1,803	93	251	38	13		
Total insane,	6,603	6,571	13,174	375	43	361	404		
Miscellaneous: —									
Monson Hospital,	474	471	945	19	811	50	311		
Foxborough Hospital (inebriate),	—	—	—	1471	—	—	—		
Massachusetts School for the Feeble-minded,	970	620	1,590	56	29	78	107		
Wrentham School,	277	360	637	196	17	15	32		
Totals,	1,721	1,451	3,172	124	351	143	108		
Aggregates,	8,324	8,022	16,346	499	8	504	512		

¹ Decrease.² Includes Psychopathic Department.

THE PUBLIC INSTITUTIONS.

WORCESTER STATE HOSPITAL.

Opened in January, 1833. Present capacity, 1,429; increase for the year, 4.

Valuation of the plant, per capita of capacity, \$1,542; real estate, \$1,427; personal, \$115.

Daily average number of patients, 1,385; increase for the year, 39.

Number Oct. 1, 1914, 1,420.

All commitments, 577; decrease for the year, 17.

Commitments as insane, 557; decrease for the year, 11.

First cases of insanity, 436; 78.28 per cent.

Voluntary admissions, 7.

Emergency commitments, none.

Commitments as inebriate, 7.

First Cases of Insanity.

Native-born patients, 48.62 per cent.; mothers, 27.49 per cent.; fathers, 27.23 per cent.

Age sixty years or over, 20.42 per cent.

Residents in cities or large towns, 86.01 per cent.; country districts, 13.99 per cent.

Previous duration of insanity, under six months, 49.75 per cent.

Curable forms of insanity, 17.43 per cent.

Causes: congenital, 11.01 per cent.; hereditary, 17.43 per cent.; alcoholic, 25 per cent.; senility, 10.78 per cent.; coarse brain lesions, 8.72 per cent.; syphilis, 10.32 per cent.

Recoveries of the Insane.

Whole number, 88; 15.80 per cent. of commitments.

Recoveries of first cases of insanity, 65; 14.91 per cent. of first cases.

Recoveries in curable group A, 59; 77.63 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 144; 7.57 per cent. of whole number of persons treated.

Curable forms of mental disease present in 4.86 per cent.; tuberculosis in 7.64 per cent.; senile insanity in 30.56 per cent.; general paralysis in 19.44 per cent.; coarse brain lesions in 19.44 per cent.

Finances.

Expenditures from maintenance funds, \$359,409; total receipts, \$58,134; being \$37,697 from private patients, \$17,250 from reimbursing patients, \$3,187 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.89; the same less repairs and improvements, \$4.69.

Weekly per capita cost of whole service, \$2.05; ward service, \$0.83.

One person employed for every 3.79 patients; 1 nurse for every 7.02 patients.

Average monthly wage for all persons employed, \$33.81; for nurses, \$25.45; men, \$26.83; women, \$24.31.

Extract from Superintendent's Annual Report.

Realizing that it is not so much the admission of new cases as the retention of old ones that is causing the accumulation of the insane, a special effort has been made to return to the community as many patients as possible, not only the recovered but also those whose condition permitted a release from hospital care without detriment to themselves or to the community. Had this policy not been pursued, the accumulation would have been greater. The statistics of twenty-seven months are available for comparison with the previous twenty-seven months. During the first period, 359 cases, out of a daily average of 1,369 (about 2½ per cent.), were released on visit. Of this number, 96 (a little more than one-quarter) had to return. During the second period, 635 cases, out of a daily average of 1,398 (4½ per cent.), were released on visit. Of this number, 162, a trifle more than one-fifth, had to return. It would seem that with almost twice as great a number given leave of absence there would naturally be twice as great a ratio to return. Such, however, has not been the result. From the greater ratio of cases released there has been a distinct falling off in the ratio of cases returned. This experience leads me to believe that many persons now in institutions, while obviously insane, may profitably be returned to the community in such numbers as to affect the necessary provision appreciably. This is particularly true of many aged and infirm persons who have no hope of mental recovery, and for whom the institution can do little more than to offer a good home under medical supervision.

Among the causes of death pneumonia stands first, with general

paralysis, arteriosclerosis and tuberculosis following. It is interesting to note that of the general paralytics but three were women.

The work of the director of industrial therapeutics has contributed much to the successful treatment and management of cases. Particular attention has been given to the more intractable patients, and a special effort has been made to arouse interest in those cases of dementia præcox and other mental states which are characterized by a condition of apathy and indifference to surroundings. Quite a degree of success has been attained in this work. In several instances unpromising cases have made such progress in our industrial classes that they have been promoted to a participation in the work of the regular manufacturing departments of the institution.

Much interest in the industrial work has been evinced by both patients and employees, and this interest is an increasing one. An exhibit and sale has been held of articles manufactured. This exhibit has attracted attention, and has been quite successful financially.

The work of the industrial director has also included a general supervision of the games and amusements of the patients. Not only have indoor amusements been stimulated, but out-of-door games have been arranged for.

There has been a very distinct improvement in the character and quality of those employed as nurses and attendants. Probably several factors have contributed to bring this about. Some small increase in compensation has been given, better living accommodations have been provided, efforts have been made to make the work more attractive, and last, and perhaps by no means least, the prevailing hard times in the community have doubtless caused many more applications for places, with a consequent larger range of selection.

On September 1, with the sanction of the State Board of Insanity, an out-patient department was established by the institution, to offer advice and treatment to persons suffering from insomnia, unusual worry, depression, apprehension and other symptoms indicative of incipient mental disease. It is believed that early attention and home treatment may sometimes be able to relieve diseased conditions, and in some cases to prevent commitment to an institution. These clinics are held at the hospital on every Tuesday from 2 to 5 o'clock in the afternoon and from 7 to 9 o'clock in the evening. There has seemed to be a public interest in this work. Quite a number of persons have presented themselves for examination and advice, and the interest seems to be a growing one. Once each month an out-patient clinic is also held at Spencer. Once each month special attention is given to the examination of defective children. At this clinic the hospital physicians are assisted by a representative from the staff of the School for the Feeble-minded. Arrangements have been made with the supervisor of school attendance of Worcester schools to bring backward and mentally defective children to the clinic for examination. The establishment of this out-patient service has not only been of benefit to the public, but has stimulated interest

in the members of the medical staff, who have one and all entered heartily and earnestly into the work.

For some little time the social service work has been performed by different members of the medical staff, who have many times investigated home conditions where it has been sought to place unrecovered patients out in the community, and have also visited patients out on visit and reported as to their findings. The amount and importance of this work has been growing rapidly, and, with the opening of our outpatient clinic, has assumed such importance that it has been found necessary to appoint a special person to this service who will take up the work at an early date.

All patients dismissed on visit or discharged are given printed instructions to return on a certain specified date for conference and continued treatment, if needed. All patients going to Boston are requested to report to the Psychopathic Hospital, and, if to other districts, to report to that State Hospital which is nearest and most convenient.

The hospital is now open to the friends of patients every day in the week and to other visitors on every day except Sunday.

There has been a closer attention given to the nursing service on the male wards. The superintendent of nurses and the assistant superintendent make regular visits of inspection to the male wards, giving instruction looking to the improvement of conditions. The number of female nurses on regular service on the male wards has been increased.

TAUNTON STATE HOSPITAL.

Opened in April, 1854. Present capacity, 1,203; increase for the year, 10.

Valuation of the plant, per capita of capacity, \$761; real estate, \$650; personal, \$111.

Daily average number of patients, 1,202; increase for the year, 79.

Number Oct. 1, 1914, 1,283.

All commitments, 666; increase for the year, 89.

Commitments as insane, 620; increase for the year, 76.

First cases of insanity, 505; 81.45 per cent.

Voluntary admissions, 2.

Emergency commitments, 7.

Commitments as inebriate, 18.

First Cases of Insanity.

Native-born patients, 47.39 per cent.; mothers, 31.83 per cent.; fathers, 30.47 per cent.

Age sixty years or over, 20.28 per cent.

Residents in cities or large towns, 70.89 per cent.; country districts, 29.11 per cent.

Previous duration of insanity, under six months, 54.26 per cent.

Curable forms of insanity, 11.49 per cent.

Causes: congenital, 5.54 per cent.; hereditary, 19.60 per cent.; alcoholic, 30.70 per cent.; senility, 9.50 per cent.; coarse brain lesions, 2.77 per cent.; syphilis, 5.54 per cent.

Recoveries of the Insane.

Whole number, 45; 7.26 per cent. of commitments.

Recoveries of first cases of insanity, 39; 7.72 per cent. of first cases.

Recoveries in curable group A, 27; 46.55 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 217; 12.09 per cent. of whole number of persons treated.

Curable forms of mental disease present in 7.37 per cent.; tuberculosis in 11.98 per cent.; senile insanity in 23.96 per cent.; general paralysis in 20.28 per cent.; coarse brain lesions in 13.36 per cent.

Finances.

Expenditures from maintenance funds, \$291,123; total receipts, \$37,981; being \$22,301 from private patients, \$13,638 from reimbursing patients, \$2,042 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.53; the same less repairs and improvements, \$4.37.

Weekly per capita cost of whole service, \$1.87; ward service, \$0.75.

One person employed for every 4.32 patients; 1 nurse for every 8.33 patients.

Average monthly wage for all persons employed, \$35.15; for nurses, \$27.29; men, \$30.03; women, \$24.48.

Extract from Trustees' Annual Report.

For some time past there has been great difficulty in obtaining a sufficient number of nurses, male and female, and we feel that this is due largely to the insufficiency of their compensation, and that as soon as it can be done the appropriation should be increased not only for

their compensation but also for the purpose of increasing the salaries of the other officers of the hospital, putting them on a level with those of other States. As it is now, an assistant physician does not feel that he can afford to stay any length of time in the employ of the hospital, and the result is that as soon as he has been there long enough to become efficient, he seeks other fields.

Extract from Superintendent's Annual Report.

Last year we stated that a beginning had been made in placing suitable patients in private families, and that we closed the year with 8 patients in family care. We close the present year with 31 patients — 6 men and 25 women — in family care. The family-care service is at present in charge of the assistant superintendent, Dr. Ripley, with Miss Marshall as lay assistant. While we feel that family care, at least in this institution, is in the experimental stage, we nevertheless are encouraged, and hope that another year will have a tale of greater success, and that we shall be able to record that not only have the patients so cared for been able to live outside the institution, but that they have been more comfortable and happy in consequence.

Some two years ago we first placed women nurses on the men's wards. This policy has been continued until at the present time 9 of the 14 men's wards are managed by women nurses with the assistance of male nurses, taking the place of orderlies as in general hospitals. Of the 72 nurses on the 14 men's wards 30 are women. The use of women nurses on the men's wards has passed the experimental stage as far as this hospital is concerned, as only good results have been observed, and it is our intention to extend their sphere of usefulness still further.

On Feb. 5, 1908, we established a monthly clinic at this institution to which patients on trial visit were invited to report. This has been found helpful, and an increasing number of patients have been required to report, as has been recorded from year to year in the annual reports. This year, at the suggestion of the State Board of Insanity, this clinic has been made weekly, and opened to all who may desire to consult the medical staff. Similar clinics have also been established in Fall River and New Bedford at the suggestion of the State Board of Insanity. In February last a public clinic that was largely attended was given for the benefit of the North Bristol branch of the Massachusetts Medical Society. As was suggested in last year's report, it is hoped to make this an annual event.

For the last eight years visitors have been admitted to the different wards of the hospital with marked benefit to all concerned. This last year, at the suggestion of the State Board of Insanity, notices were sent throughout the district, inviting all persons interested to visit the different departments of the institution, and the invitation has been accepted by quite a number. If the public would become more familiar with the practical working of our institutions it would be mutually beneficial to both the public and the institutions. . . .

Although we have operated the Raynham Farm Colony for quite a number of years, and were therefore somewhat familiar with the beneficial effect of colony life upon men, we were not prepared for the striking benefit, both in health and comfort, shown by the women patients at the Lovering Colony. The improvement may have appeared greater than it really was by contrast, but it was nevertheless very well marked. In many cases the improvement resultant from changing a life largely indoors for just the reverse was so great as to be almost startling. We have found the colony to be a great stimulus to family care, for if patients do well for some time at the colony we are encouraged to try them still further. That both colony care and family care can be profitably much extended is a proposition that we hope to see demonstrated in the near future. Our farm has as usual proved a very useful adjunct to the institution, as the farm account elsewhere tabulated will demonstrate. I would especially mention our poultry plant, which has proved especially profitable, having provided us with all the eggs that we have needed besides considerable dressed poultry. We expect to winter about 2,000 laying hens and pullets besides our breeding stock. Our brooder house having become unfit for use as such we are now constructing a larger rat-proof brooder house which we expect will meet our needs.

NORTHAMPTON STATE HOSPITAL.

Opened in August, 1858. Present capacity, 819.

Valuation of the plant, per capita of capacity, \$1,276; real estate, \$1,139; personal, \$137.

Daily average number of patients, 921; increase for the year, 38.

Number Oct. 1, 1914, 942.

All commitments, 386; decrease for the year, 5.

Commitments as insane, 366; decrease for the year, 4.

First cases of insanity, 298; 81.42 per cent.

Voluntary admissions, 18.

Emergency commitments, none.

Commitments as inebriate, 3.

First Cases of Insanity.

Native-born patients, 60.20 per cent.; mothers, 33.93 per cent.; fathers, 30.07 per cent.

Age sixty years or over, 24.32 per cent.

Residents in cities or large towns, 63.09 per cent.; country districts, 36.91 per cent.

Previous duration of insanity, under six months, 44.27 per cent.

Curable forms of insanity, 23.83 per cent.

Causes: congenital, 33.22 per cent.; hereditary, 16.77 per cent.; alcoholic, 15.10 per cent.; senility, 10.07 per cent.; coarse brain lesions, 12.08 per cent.; syphilis, 3.36 per cent.

Recoveries of the Insane.

Whole number, 32; 8.74 per cent. of commitments.

Recoveries of first cases of insanity, 22; 7.38 per cent. of first cases.

Recoveries in curable group A, 19; 26.76 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 96; 7.47 per cent. of whole number of persons treated.

Curable forms of mental disease present in 10.42 per cent.; tuberculosis in 4.17 per cent.; senile insanity in 33.33 per cent.; general paralysis in 6.25 per cent.; coarse brain lesions in 23.96 per cent.

Finances.

Expenditures from maintenance funds, \$198,466; total receipts, \$51,584; being \$35,239 from private patients, \$14,287 from reimbursing patients, \$2,058 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.06; the same less repairs and improvements, \$3.85.

Weekly per capita cost of whole service, \$1.68; ward service, \$0.68.

One person employed for every 5.24 patients; 1 nurse for every 10.41 patients.

Average monthly wage for all persons employed, \$38.29; for nurses, \$30.85; men, \$33.52; women, \$27.92.

Extract from Trustees' Annual Report.

We renew our request for a special appropriation of \$20,000 for the purchase of land for the purpose of establishing a colony or branch institution in order to relieve our overcrowded condition. Your attention is respectfully called to what was said about this matter in our last annual report. The increase in admissions of patients and in the numbers maintained has continued. Since the last building at this institution for the care of patients was finished and occupied, in 1905, the State Board of Insanity has transferred to the asylums at Worcester, Medfield and

Gardner more than 500 patients, — 61 in the year just ended. To be sent to these asylums is a hardship to patients and relatives, because they are farther from their homes in all but a few cases than they were at Northampton.

Such a branch institution as we have recommended would care for them much nearer their homes and fully as economically as in the asylums mentioned. We realize that to undertake this will mean increased work and responsibility; it is much easier for us to allow the State Board of Insanity to relieve our overcrowded condition by frequent transfers, but believing the establishment of a colony somewhere in Berkshire County to be best for the citizens of the four western counties, and for the patients of the district, we are willing to undertake this project if it meets with the approval of the State Board of Insanity and is authorized by the Legislature.

Extract from Superintendent's Annual Report.

The out-patient and after-care service, begun in a moderate way several years ago, mentioned more specifically in our report of 1910, and formally undertaken in 1911 by the employment of an assistant to give special attention to this service, has developed beyond our first expectations. The more we do the more we find to do. Physicians, social workers and relatives have asked Dr. Whitney, our assistant, to see a larger number of patients not inmates of the hospital than ever before. This is in addition to her regular duties, namely, the selection of homes where patients may be placed in family care; the placing of such patients in families and their supervision while away from the hospital; the visiting of patients who are away on probation; the investigation of home conditions, with a view to the release on probation of patients not fully recovered; the visiting of patients who have been discharged, to encourage them and in some cases to help them secure employment; the calling on relatives of patients who are still in the hospital, to acquaint them with the patient's condition, — a service much appreciated by the relatives; the investigation of the history of recently committed patients; and kindred service.

There were 35 patients cared for in private families during the past year. To one unacquainted with the difficulties connected with this work it might seem possible to care for a larger number than this. These difficulties are the selection of patients suited to family care, and the finding of homes where we are willing to place them. The majority of patients who could get along well in family care, and who would be benefited thereby, have homes of their own where they are welcome as soon as they are able to leave the hospital. Not infrequently patients who have been selected have refused to leave the hospital. We had four such cases during the past year; one woman purposely made herself so disagreeable to the woman with whom she was boarding that we had to yield to her wishes to return to the hospital; two patients who were thought suitable, because of their hospital record, became much dis-

turbed when preparations were being made for their leaving the hospital, one becoming physically ill and not having yet sufficiently recovered to leave the hospital; one had a cerebral hemorrhage on the train while going to the boarding place and had to be brought back to the hospital. Many of the cases, who would otherwise be quite suitable for care in private homes, are too old. They require so much personal attention that no one will take them at the rate of board we may pay.

Of the homes that were found willing to receive patients, three were desirable, but the caretakers asked for patients who could pay from \$5 to \$25 per week. Several places were rejected for various reasons; because of the untidy condition of the house; because of immoral conditions existing in the family; because of the presence of other boarders; and because of their distance from the hospital or from other boarding places, which would greatly increase the expense of visiting patients placed in them.

We have recently extended this service with the hope of making the hospital more useful to the district it serves by establishing free clinics in Greenfield, Springfield and Pittsfield, with the encouragement of the State Board of Insanity. The managers of the Franklin County Hospital in Greenfield and of the House of Mercy in Pittsfield have invited us to make use of rooms in their hospitals for this purpose, and the superintendents of these hospitals, Miss Sweeney and Miss Marcy, have been very helpful to us. At Springfield we have been granted the use of the house of the Springfield Academy of Medicine. Physicians in the vicinity of these places have expressed their approval of our undertaking, and have accorded us hearty co-operation.

These clinics have been freely attended by persons who come of their own accord or with relatives or physicians; by patients out on parole who have come to them to report their condition; and by relatives of patients in the hospital, who have come to make inquiries about them. We have been able to give advice in several cases that has obviated the necessity of the patient's being committed to the hospital.

In a few cases we have advised voluntary commitment to the hospital for a short period of treatment, and this has been followed. Some cases who come to discuss their symptoms seem relieved and encouraged after having told all about themselves to "some one who understands." Not the least benefit is the comfort and satisfaction of relatives in hearing directly about their patient at the hospital from one who has the care of the patient, and a more cordial feeling toward the hospital is thus engendered.

Our experience has demonstrated the urgent need of provision for segregating the defective delinquents, so called. The opposition on the part of the law-making bodies to making such provision is because of the expense involved, but economy is not the withholding of necessary expenditure. To maintain the defective delinquents in segregation is far more economical than to support them at liberty, with the added care of the offspring with which they burden the State.

DANVERS STATE HOSPITAL.

Opened in May, 1878. Present capacity, 1,344; decrease for the year, 3.

Valuation of the plant, per capita of capacity, \$1,383; real estate, \$1,270; personal, \$113.

Daily average number of patients, 1,467; increase for the year, 17.

Number Oct. 1, 1914, 1,471.

All commitments, 584; decrease for the year, 51.

Commitments as insane, 567; decrease for the year, 55.

First cases of insanity, 430; 75.84 per cent.

Voluntary admissions, 31.

Emergency commitments, 11.

Commitments as inebriate, 7.

First Cases of Insanity.

Native-born patients, 58.55 per cent.; mothers, 37.07 per cent.; fathers, 36.89 per cent.

Age sixty years or over, 18.84 per cent.

Residents in cities or large towns, 83.72 per cent.; country districts, 16.28 per cent.

Previous duration of insanity, under six months, 46.77 per cent.

Curable forms of insanity, 31.15 per cent.

Causes: congenital, 6.51 per cent.; hereditary, 18.61 per cent.; alcoholic, 14.89 per cent.; senility, 4.19 per cent.; coarse brain lesions, 12.79 per cent.; syphilis, 13.72 per cent.

Recoveries of the Insane.

Whole number, 52; 9.17 per cent. of commitments.

Recoveries of first cases of insanity, 44; 10.23 per cent. of first cases.

Recoveries in curable group A, 39; 29.10 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 182; 8.78 per cent. of whole number of persons treated.

Curable forms of mental disease present in 17.58 per cent.;

tuberculosis in 7.14 per cent.; senile insanity in 23.63 per cent.; general paralysis in 21.43 per cent.; coarse brain lesions in 18.13 per cent.

Finances.

Expenditures from maintenance funds, \$354,977; total receipts, \$61,452; being \$32,816 from private patients, \$25,540 from reimbursing patients, \$3,096 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.59; the same less repairs and improvements, \$4.16.

Weekly per capita cost of whole service, \$1.94; ward service, \$0.71.

One person employed for every 4.80 patients; 1 nurse for every 9.02 patients.

Average monthly wage for all persons employed, \$40.45; for nurses, \$27.97; men, \$31.15; women, \$25.58.

Extract from Superintendent's Annual Report.

The medical work has been carried on in the usual way, staff meetings being held every day at 8 A.M. When the clinical examinations have been completed the patient is presented by the assistant physician who examines the case, and the patient is again presented when the question of discharge is under consideration. The family and examining physicians are invited to be present at the staff meetings. Whenever this is impossible, a letter is sent to these physicians, outlining briefly the conclusions reached in the consideration of the case in which they were interested, it being thought that this information might not only be of assistance to them in dealing with the relatives of the patients, but also create a closer relationship between the general practitioner and the hospital staff. At the staff conference 895 presentations of patients for diagnosis, consideration of discharge or parole, or of methods of treatment have been made.

The recognition of pellagra in two patients admitted to the hospital during the year deserves mention in this report. The publicity given this discovery, by communications to the medical press and discussions before medical societies, yielded fruitful results in the attention attracted to this uncommon and remarkable disease. Special invitations to members of the medical profession of this district to visit these patients for observation and study of symptoms resulted for a time in daily clinics and discussions of the disease by members of the staff and visiting general practitioners. The lesions and symptoms presented in these cases were characteristic and unmistakable. For demonstration purposes their value could scarcely be excelled. Incidental to this exhibition of evidence that pellagra might exist unrecognized in the community, subsequent

reports of cases in private practice occurred from time to time. In some instances members of the staff were able to confirm these diagnoses. . . .

The work of the social service department has been of much assistance to the physicians, and permits of a far more intelligent treatment of our patients. Though we have one more social worker than last year, only a limited number of cases can be investigated.

Beginning Sept. 1, 1914, out-patient clinics have been held once a month in Haverhill, Lawrence, Gloucester, Newburyport, Salem and Lynn, which have been attended by the superintendent, assistant superintendent, and one of the social service workers. Notices are sent to all patients away from the hospital on trial visits to attend the meeting at the place most convenient to them. The results of this work have been very satisfactory. Not infrequently patients are accompanied by some member of the family, and inasmuch as a large number of patients can be seen at these meetings, the after-care work of the social service department is lessened, and the social service workers are permitted more time for other duties. These meetings are also attended, not infrequently, by persons other than patients, who desire information concerning their own condition, or that of friends or relatives in the hospital. . . .

Dr. J. Herman Haines continues to spend one day at the hospital each week in the examination and treatment of the teeth of our patients. The time of a resident dentist could be employed to advantage.

Dr. Henry G. Carroll of Salem, Mass., ophthalmologist, visits the hospital at intervals, and sees all the patients referred to him by the members of the staff. His services are much appreciated.

WESTBOROUGH STATE HOSPITAL.

Opened in December, 1886. Present capacity, 1,193.

Valuation of the plant, per capita of capacity, \$855; real estate, \$729; personal, \$126.

Daily average number of patients, 1,246; increase for the year, 8.

Number Oct. 1, 1914, 1,213.

All commitments, 526; decrease for the year, 33.

Commitments as insane, 476; decrease for the year, 20.

First cases of insanity, 328; 68.91 per cent.

Voluntary admissions, 48.

Emergency commitments, 1.

Commitments as inebriate, 21.

First Cases of Insanity.

Native-born patients, 61.04 per cent.; mothers, 40.33 per cent.; fathers, 40.33 per cent.

Age sixty years or over, 19.21 per cent.

Residents in cities or large towns, 68.20 per cent.; country districts, 31.80 per cent.

Previous duration of insanity, under six months, 31.92 per cent.

Curable forms of insanity, 21.04 per cent.

Causes: congenital, 6.10 per cent.; hereditary, 17.07 per cent.; alcoholic, 7.92 per cent.; senility, 8.84 per cent.; coarse brain lesions, 4.27 per cent.; syphilis, 7.01 per cent.

Recoveries of the Insane.

Whole number, 82; 17.23 per cent. of commitments.

Recoveries of first cases of insanity, 56; 17.07 per cent. of first cases.

Recoveries in curable group A, 43; 62.31 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 130; 7.39 per cent. of whole number of persons treated.

Curable forms of mental disease present in 10.77 per cent.; tuberculosis in 9.23 per cent.; senile insanity in 25.38 per cent.; general paralysis in 19.23 per cent.; coarse brain lesions in 19.23 per cent.

Finances.

Expenditures from maintenance funds, \$331,497; total receipts, \$82,938; being \$64,297 from private patients, \$16,448 from reimbursing patients, \$2,193 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$5.11; the same less repairs and improvements, \$4.90.

Weekly per capita cost of whole service, \$2.32; ward service, \$1.

One person employed for every 3.46 patients; 1 nurse for every 6.11 patients.

Average monthly wage for all persons employed, \$34.91; for nurses, \$26.51; men, \$29.61; women, \$23.97.

Extract from Superintendent's Annual Report.

Medical Treatment.

The consulting staff have been called on freely for assistance and advice. We have pursued, so far as possible, the plan of giving the patients freedom and liberty of the grounds. We have, at the present time, 234

patients who have the privilege of going out on the grounds unaccompanied, under certain restrictions, and 11 of our 49 wards are open wards, that is, the doors are unlocked during the day, and the patients go in and out as they please.

Work has continued along occupational lines, and we have employed a second industrial teacher to further these ends. Patients are now occupied, in addition to the usual lines mentioned last year, in basketry, rug making, broom making and clay modeling, and a tailor shop has been established at one of our colonies.

The out-patient work has been interrupted by the resignation of Dr. Guibord who had charge of it a year ago, and whose work was most encouraging to us. She left the service to accept a more remunerative position. . . . Some of this work, however, has been done by the physicians on the staff and by sending out supervisors to investigate the home conditions. To satisfactorily develop this phase of institutional work requires, I believe, a physician who will devote his entire time to organizing and directing the out-patient work in all its phases. This includes the care of patients boarded out from the hospital in families; the placing of suitable patients from the hospitals in homes; visits to the homes of patients to investigate prior conditions; and, in the case of patients ready to go home, to see that they are going out to a suitable environment; following up cases who are out on trial visit; conducting an out-patient department for new cases, and for former patients to come to to report and for advice. We have established a clinic for out-patients at the hospital, and also have an afternoon a week at the out-patient department of the Massachusetts Homœopathic Hospital in Boston. This has only recently been established, and we are not ready to give data of our work.

During the year the dentist, Dr. E. P. Brigham, has visited the hospital two mornings each week.

BOSTON STATE HOSPITAL.

Opened in December, 1839. Present capacity, 1,406; increase for the year, 119.

Valuation of the plant, per capita of capacity, \$2,089; real estate, \$1,994; personal, \$95.

Daily average number of patients, 1,343 (insane, voluntary sane and inebriate, 1,312; temporary care, 31); increase for the year, 42.

Number Oct. 1, 1914, 1,420 (insane, voluntary sane, 1,387; temporary care, 33).

All commitments, exclusive of temporary care, 1,152; increase for the year, 61.

Commitments as insane, 955; decrease for the year, 10.

First cases of insanity, 785; 82.29 per cent.

Voluntary admissions, 612.

Emergency commitments, 87.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 55.68 per cent.; mothers, 25.27 per cent.; fathers, 24.80 per cent.

Age sixty years or over, 19.13 per cent.

Residents in cities or large towns, 95.67 per cent.; country districts, 4.33 per cent.

Previous duration of insanity, under six months, 50.63 per cent.

Curable forms of insanity, 22.04 per cent.

Causes: congenital, 1.27 per cent.; hereditary, 7.39 per cent.; alcoholic, 16.94 per cent.; senility, 19.11 per cent.; coarse brain lesions, 19.36 per cent.; syphilis, 9.30 per cent.

Recoveries of the Insane.

Whole number, 145; 15.18 per cent. of commitments.

Recoveries of first cases of insanity, 102; 12.99 per cent. of first cases.

Recoveries in curable group A, 82; 47.40 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 203; 9 per cent. of whole number of persons treated.

Curable forms of mental disease present in 15.76 per cent.; tuberculosis in 4.93 per cent.; senile insanity in 26.11 per cent.; general paralysis in 22.17 per cent.; coarse brain lesions in 22.66 per cent.

Finances.

Expenditures from maintenance funds, \$427,962; total receipts, \$42,908; being \$26,446 from private patients, \$13,668 from reimbursing patients, \$2,794 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$5.96; the same less repairs and improvements, \$5.78.

Weekly per capita cost of whole service, \$2.81; ward service, \$1.17.

One person employed for every 3.24 patients; 1 nurse for every 5.75 patients.

Average monthly wage for all persons employed, \$39.57; for nurses, \$29.34; men, \$32.20; women, \$27.78.

Extract from Trustees' Annual Report.

The Psychopathic Department.

The steadily increasing recognition of the usefulness of the Psychopathic Department is very encouraging and more than justifies the expenditure of the appropriation asked for. The threefold function of the hospital for observation, treatment and research presents a complicated problem, the full development of which has not yet been attained. It is rendering a very valuable service with its out-patient department and its social work. It is being seen more clearly here as elsewhere that the full duty of the State with reference to insanity is not confined to the custody of patients within the institutions, and it is more than probable that the cost of maintaining the custodial institution will ultimately be decreased, the more attention is paid to cases of incipency and predisposition before the condition warrants commitment. Increased expense at this point will be ultimate economy.

The Psychopathic Department has from the outset served as a training school for institution and other officials, and the trustees, at the request of the State Board of Insanity, have authorized the admission as internes of not only the officers of other institutions but also candidates for appointment as assistant physicians. One drawback is the depletion of our own staff by calls from other institutions. Salaries should be so adjusted that we may have at least a nucleus of efficient and permanent officers.

At the request of the State Board of Insanity the assistant State pathologist has been given quarters at this department.

Extract from Superintendent's Annual Report.

Social Service.

Last year the organized beginning of social service was chronicled, and optimistic predictions were made for its future. With the experience of seventeen months' work to look back upon, we feel that expectations have been more than realized, and it is difficult to understand how we ever operated the hospital without it. The interesting report of Miss Fletcher, social worker, is worthy of serious attention as pointing the way to extension of this important part of the hospital's work.

Training School.

Additions to the curriculum have been made, notably instruction in the out-patient field and class work in occupation for invalids. The association with general hospital nurses in our wards, secured through

affiliation, has proved stimulating to our nurses, in addition to the experience and instruction received in their course at the City Hospital, which is now a part of their training. It is hoped to develop further and to extend the plan of exchanging nurses with other hospitals, and thus place the training we give on the plane of the best general hospital schools. . . .

Occupation of Patients.

The therapeutic effect of occupation in proper dosage and variety has been so often pointed out in these reports that it is not necessary to emphasize it anew. We have continued our efforts to include in the industrial group two classes of patients for whom it is especially beneficial, — the demented and the excited. Particular attention is given to systematic employment in the wards at certain hours for those who do not go to the workrooms, and the training of nurses and attendants to conduct these occupation classes has given us very encouraging results. Products of the patients' industry are in large part articles of use in the hospital, but there is, in addition, a considerable output of ornamental objects which are placed on exhibition and sold to the public.

Extract from Director's Annual Report (Psychopathic Department).

The psychopathic hospital of present tendency is an institution ready to attack, within its means, all the problems of psychopathology, both social and individual, both intramural and extramural, both functional and structural, both practical and theoretical, having in mind both the patient of the day and the patient of the future. Accordingly, no established State institution should attempt to lower the standard of the psychopathic hospital by simply entitling a new reception unit "psychopathic." Unless such unit is so devised and operated as to attract and hold the "voluntary" and "temporary care" groups of patients, and to secure the co-operation of general hospital officers, general practitioners, probation officers, social workers, school authorities and the courts, the so-called "psychopathic hospital unit" will not succeed. It is all very well to bring up custodial standards by the installation of laboratories and special apparatus; it is not well to lower the psychopathic hospital ideal by naming ordinary modern receiving units "psychopathic." . . .

Hence, by "psychopathic hospital unit," we in Massachusetts have come to mean a unit which gives "first-care examination and observation" to "all classes of mental patients" (see annual report of State Board of Insanity, 1910, page 30), except to that class of patients which can and should be committed under the regular law.

This means that all our cases are or should be of questionable insanity (with certain reservations stated below) from the point of view of a judge of probate. We have had to discourage the employment of our hospital as a mere vestibule to the custodial institutions, — a tendency somewhat easy for physicians to slide into under the operation of chapter 395, Acts

of 1911 (the seven days' temporary care act). It has not been easy to put a stop to the practice of sending obviously committable cases into the State institutions by this route. To be sure, the text of the above-mentioned chapter 395 reads that the superintendent or manager "may" receive the appropriate patients; but, if any insane patient is brought to the admitting office, it is not easy to deny him admission on the ground of his not needing "temporary" care, simply because he needs permanent or prolonged care. The State Board of Insanity is now attempting to remedy this distortion of their own conception of the uses of our hospital by circular letters, stating to physicians the desirability of at once committing those persons who obviously need commitment.

I mentioned above certain exceptions to the rule that only supposedly noncommittable cases are fit subjects for the Psychopathic Hospital. Again referring to the State Board of Insanity's report for 1910 we find a further aim of the hospital to be the provision of *short, intensive treatment of incipient, acute and curable insanity*. This provision might be thought to include all classes of patients, both regularly committable cases and psychopathic subjects not regarded as committable. Such, in point of fact, was the interpretation of our function until the decision of the State Board of Insanity of April 25, 1913, above mentioned.

. Such a general receptacle for all classes of cases our hospital remains, in so far as provided for under chapter 307, Acts of 1910, which chapter excepts only drunkenness and delirium tremens from the group of those arrested "persons suffering from delirium, mania, mental confusion, delusions or hallucinations" who "shall be taken for examination to the hospital," viz., to this hospital. . . .

The success of our treatment of alcoholic mental disease, even under structural conditions not intended specifically to meet the metropolitan demands of a hospital for delirium tremens, indicates that renewed effort should be made this year to obtain proper State care for acute alcoholism. The bill for such a hospital last year failed of passage through the Governor's veto. . . .

Through the free employment of internes, and through the services of various assistant physicians from other State institutions, as well as to some extent from institutions in other States, we have been able to approach our ideals of thorough examination and diagnosis somewhat more closely than we could were we limited to properly paid assistants. We must thank the other institutions which have paid the salaries of assistants while they were working with us; without such service we must often have reduced our work to a routine hardly superior to that of a chronically undermanned State institution. This is another link which binds us to the other parts of the State system. . . .

WORCESTER STATE ASYLUM.

Opened in October, 1877. Present capacity, 1,333.

Valuation of plant, per capita of capacity, \$1,386; real estate, \$1,269; personal, \$117.

Daily average number of patients, 1,364; increase for the year, 141.

Number Oct. 1, 1914, 1,385.

Admitted by transfer, 177; decrease for the year, 84.

Deaths of the Insane.

Whole number, 75; 4.99 per cent. of whole number of persons treated.

Tuberculosis was present in 24 per cent.; senile insanity in 5.33 per cent.; general paralysis in 5.33 per cent.

Finances.

Expenditures from maintenance funds, \$321,054; total receipts, \$10,956; being \$9,362 from reimbursing patients, \$1,594 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.48; the same less repairs and improvements, \$4.32.

Weekly per capita cost of whole service, \$1.88; ward service, \$0.68.

One person employed for every 4.10 patients; 1 nurse for every 8.95 patients.

Average monthly wage for all persons employed, \$33.40; for nurses, \$26.39; men, \$27.72; women, \$25.19.

Extract from Superintendent's Annual Report.

A case of pellagra was discovered on the female wards at the asylum last July. The patient rapidly grew worse and was confined to her bed until relieved by death three months later. She was a native of Ireland and came to the United States in 1875. She was admitted to the Worcester State Hospital the first time in 1893 for acute alcoholism, and a few weeks later was discharged. In 1895 she was again committed, when her hospital residence became permanent. She came to the asylum in 1902. A marked mental change had been noticed for the past fourteen months. From a garrulous, semiviolent person she became quiet, tractable and agreeable, though her grandiose delusions always remained. In 1909 she weighed 145 pounds, and this gradually diminished until just previous to her death her weight was but 89 pounds. The left upper lobe was infected presumably with tuberculosis. The Wassermann blood test was negative.

Wassermann blood tests were made of the different patients of the institution to the number of 1,355. One thousand one hundred and eighty specimens were negative, 105 were positive and 70 doubtful. A spinal

puncture was made in most of the positive cases to determine the cellular count of the spinal fluid. This examination has cleared up doubt as to the cause of the psychosis in some cases. The number of positive cases among the imbecile and epileptic class was much smaller than had at first been anticipated. The whole number of positive cases is low, but 75 per cent. more prevalent among the male than the female. Of the positive cases, 16 have been diagnosed as cases of dementia paralytica. A complete analysis of these 1,355 cases, as to age, sex, habits, residence (rural or urban), occupation and mental psychosis, will be published later.

I again strongly urge that the custom of transferring patients from the hospitals to the asylum should be discontinued. The Medfield Asylum has been made a reception hospital. This asylum should not only be made an institution for acute cases, but it should be made into a psychopathic hospital. Worcester is the logical place for the second or central district, where the acute cases can be brought and cared for, and where the general public can receive advice and treatment at all times. I most strongly urge that the Legislature be petitioned to create a law to this effect. The asylum was used for an acute hospital for forty-five years. It has many features that are not duplicated in any of the more recently built hospitals. . . .

Out-of-door work at the colony has been carried on more extensively than in former years. More patients have been working, — about 55 per cent. of the men and about 15 per cent. of the women. They have done more and better work than in previous years. This greatly benefits the patient as well as the institution. The many ward disturbances are more easily and effectively reduced by the open-air agrarian occupations.

The work done in our garden was more effective this year than ever, more patients and nurses took part in the outdoor occupations, and more have spent all of their time in the open air. The garden area was enlarged; the individual plots were more intensively cared for; the crops were larger and more prolific. The vegetables were used by the patients and nurses, who took much pride in preparing the same for their own use or for others who were less fortunate than themselves.

A much larger number of male patients have been working out of doors this year than last. The wheelbarrow and grading crews were enlarged, but the number immediately occupied in actual farming was not increased because of the type of these patients. Much grading has been done in the Willows, Oaks and Elms groups. The number of transfers of closed ward patients to the Oaks has been larger. The reservoir has been wholly excavated, and the ice pond at the Willows enlarged.

The industrial work has been progressing under the instruction of our new industrial teacher, who has introduced many new ideas and ways of occupation for the indolent ward patients. The nurses, as well as the patients, receive instruction. The nurse is taught in class, and the knowledge thus obtained is used in encouraging the patients to do something whereby their minds may be occupied in useful ways. This has resulted in a larger number of patients assisting with the mending and in making

new clothing, all of which greatly reduces the large amount of work done in the sewing rooms.

In September we had an exhibit at the Worcester County Fair of work done in the industrial departments. The general public was invited to see how the patients' time is occupied, and what the institution has been doing in general for their care.

More than 20 acres of land have been redeemed during the past two years, and about 5 added to the farm for tillage. The farm has become more productive, and more intensive farming has been accomplished. Our apple crop was very large and our vegetables almost double.

The social work of the institution was conducted by the female assistant physician of the staff. About the same number of families were visited, and all homes were visited before patients were allowed to go home for a visit or before their discharge. The number of patients sent out on visit has been the largest in the history of the institution. There is no doubt but what the visits of the social worker have produced a better feeling among the public, relatives and friends.

The rotation of employees has been about 2.7 times, which is less than last year. The stability seems better, and the type of nurses and attendants seems a little higher. The male nurses' home at the colony has been opened, and this, with the opening of the female nurses' home, has made it more pleasant and agreeable for the employees by getting them away from the wards after their hours of duty.

Our training school for nurses was established eleven years ago. To date we have had 71 graduates, 20 of whom are still in our employ. The course of study covers a period of two years with a probation period of three months, after which the candidate, if satisfactory, is required to wear the standard uniform of the school. At the end of the two years' course those who successfully pass the final examinations are given a diploma. The nurse must then take a postgraduate course of from six to twelve months in a general hospital with which we are affiliated. All nurses are compelled to take the training, and must give satisfactory evidence that they will remain the full two years. More studies have been added, and the lectures and demonstrations are more varied; a course in dietetics has been prepared by Miss Schriber, our matron; a course in industrial occupation will be given by our industrial instructor and a course in surgical technique by our visiting surgeon. A course of 12 lectures has been added for the male nurses, which is obligatory, so that all nurses and attendants who come in contact with the patients receive instruction. All nurses are required to do a certain amount of collateral reading, which it is hoped will help to broaden their general knowledge. We also have a number of attendants taking the regular course of training with the nurses.

A kindly and sympathetic spirit on the part of the public will help very materially to raise the general standard of our nursing force. A slight increase in compensation may help, but environment with a higher standard of requirements is of the greatest importance.

An out-patient department was opened at the asylum October 9 for Friday evening of each week from 7 to 9 o'clock; also, since November 16, on Friday from 2 to 4 P.M.

MEDFIELD STATE HOSPITAL.

Opened in May, 1896. Present capacity, 1,542.

Valuation of plant, per capita of capacity, \$1,086; real estate, \$975; personal, \$111.

Daily average number of patients, 1,674; decrease for the year, 15.

Number Oct. 1, 1914, 1,642.

Admitted by transfer, 83; decrease for the year, 41.

Deaths of the Insane.

Whole number, 112; 6.29 per cent. of whole number of persons treated.

Tuberculosis was present in 18.75 per cent.

Finances.

Expenditures from maintenance funds, \$384,637; total receipts, \$12,492; being \$8,443 from reimbursing patients, \$4,049 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.39; the same less repairs and improvements, \$4.23.

Weekly per capita cost of whole service, \$1.80; ward service, \$0.83.

One person employed for every 4.43 patients; 1 nurse for every 8.32 patients.

Average monthly wage for all persons employed, \$34.69; for nurses, \$29.97; men, \$33.22; women, \$28.07.

Extract from Trustees' Annual Report.

The very grateful change of the institution from asylum to hospital, consummated upon April 28, makes new demands upon the medical staff, which must gradually be increased, that time for keener observation may be given and more thorough knowledge be gained of the physical condition of each one of the more than 600 patients under their care, whose aberration of mind does not lend itself to a speedy examination on the part of the physician. . . .

Up to the 1st of August no cases of bacillary dysentery, from which the institution has suffered in previous summers, had appeared. During the

month an occasional case manifested itself, and in September more than 80 cases developed. The State pathologist, Dr. Southard, gave special attention to this serious condition, and it is hoped knowledge has been gained which will at least hold in control, if not absolutely stamp out, this epidemic in future years. In October the number of new cases lessened, and by November the trouble had subsided.

While the training school for nurses is open to both women and men, yet the number of pupils who avail themselves of its opportunities is far too small in comparison with the number of attendants at work in care of patients.

The Board is thoroughly convinced that a course of training for attendants must be installed and made obligatory upon each person who has the care of patients in his or her hands. These untrained young men and women who are employed to take care of the mentally irresponsible must receive from the institution which employs them instruction, wise counsel and likewise inspiration for their daily task. It is the steadfast purpose of both superintendent and trustees of Medfield State Hospital to work out this plan to effectual results.

We have been given by the State Board of Insanity the services of a skillful pathologist for post-mortem examinations. This has been of great advantage and interest to us, and a considerable number of autopsies have resulted, many more than could have been done with our limited staff. This means of getting proof of the cause of death has shown a large number of deaths due to heart disease.

In the chronic insane the heart is peculiarly liable to be affected. A comparison of the causes of death for the past year shows that all deaths from brain and nervous diseases numbered 29; all deaths from tuberculous diseases in numerous organs numbered 21. The deaths from heart diseases alone numbered 27. . . .

Training School.

The course of instruction has been extended from two and one-half to three years. This was found necessary in order to give the pupil nurses instruction in infant feeding and other topics, which it has been impossible to do during the shorter period of two and one-half years.

A small class was graduated in October. A larger class will be graduated in the coming year. It is increasingly difficult to get a large class.

In spite of the large wage offered, in comparison with that given by the general hospitals, the character of the work is such that many intelligent young women choose the general hospital course at a pecuniary sacrifice.

Extract from Superintendent's Annual Report.

The help question, always a burning one, shows some improvement. For the first time in eight years we have had our full number of attendants and nurses in both the male and female wards. There was some shortage during the summer, but not as much as in previous years. I cannot believe

but that the increase of wages which went into effect May 12, 1914, did considerable good, and was the main cause for this improvement.

The per capita weekly cost for patients has steadily risen for the past fourteen years. This is not only readily explained, but it is also necessary. More is being done for the comfort and medical treatment of patients from year to year. This requires more help and better help, for which more money must be paid in salaries and wages. The advance in the treatment and care of patients in Massachusetts has been considerable during this short period, and makes a very encouraging outlook for the years to come. The employees also have shared in these benefits. They are better housed in comfortable and, in some cases, beautiful homes, better fed, and better paid than ever before in the history of the Massachusetts institutions. The European war with other causes has made a considerable difference in the cost of supplies, so that the weekly per capita cost per patient is \$4.45 for this year.

I am not apologizing for this increase in cost, for I believe it to be not only desirable but necessary. The change from an asylum to that of a hospital gives a stimulating and hopeful outlook for the future. I believe we shall be able to do more for our patients, make them more comfortable and contented, and do something for the advancement of psychiatry.

The hospital is much indebted to Drs. Clark and Evans for their gratuitous services in operating on those patients who have needed surgical interference. They have unselfishly given their time and skill to relieve these sufferers.

GARDNER STATE COLONY.

Opened in October, 1902. Present capacity, 711; increase for the year, 30.

Valuation of plant, per capita of capacity, \$926; real estate, \$792; personal, \$134.

Daily average number of patients, 704; increase for the year, 22.

Number Oct. 1, 1914, 734.

Admitted by transfer, 94; increase for the year, 26.

Deaths of the Insane.

Whole number, 12; 1.54 per cent. of whole number of persons treated.

Tuberculosis was present in 16.67 per cent.

Finances.

Expenditures from maintenance funds, \$160,862; total receipts, \$2,401; being \$1,307 from reimbursing patients, \$1,094 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.31; the same less repairs and improvements, \$4.02.

Weekly per capita cost of whole service, \$1.71; ward service, \$0.57.

One person employed for every 5.19 patients; 1 nurse for every 11.11 patients.

Average monthly wage for all persons employed, \$38.62; for nurses, \$27.67; men, \$29.76; women, \$22.86.

Extract from Trustees' Annual Report.

Early in the year our superintendent, Dr. Charles T. LaMoure, resigned to take a position in another State. His departure was a loss to the insane of this State. . . .

As his successor, this Board re-elected Dr. Charles E. Thompson, the former superintendent, who left us to become the secretary of the State Board of Insanity.

We again report progress. We do not suggest provision for more inmates, feeling that the development of the colony idea can best be had without a too rapid increase in population. We have done much to develop the industrial efficiency of the patients, to normalize their lives and make them contented, but we have done very little to brighten their lives with relaxing amusement.

Extract from Superintendent's Annual Report.

The development of industries for which the colony was started, and which has occupied fixed attention since, has continued. Actual accomplishments ebb and flow with the active interest shown by those who daily instruct the patients. The instructor's interest, and especially his enthusiasm, depends largely upon the interest taken by the supervisor of industries and the physicians, but more especially, it seems to me, by the superintendent and trustees. Taken as a whole, the results so far have been fairly satisfactory. Since 1907 practically all ordinary clothing, both men's and women's, has been made by the patients. An increasing demand has this year made a more complete equipment necessary, and we are now making more and better clothing.

Weaving, for a time largely discontinued, has again been taken up actively. Those industries which have been in operation for some years, such as shoe making, brush making, broom and mattress making, furniture making, plain and fancy sewing, basketry, rug making, and many others, have been continued. These occupations provide pleasant and interesting occupations to the individual patients selected by the physicians for each kind of work. The various forms of occupation have, from the first, been planned so as to claim the interest and attention of a class of patients

transferred to us from the State hospitals who, because of mental impairment and institutional activity, have drifted into a state of "dementia," a term frequently carelessly used and made to include, with the actual death of brain cells, the inactivity due to pauperization. Many of our patients, especially the men, show a mixed state in which the pauperization is more difficult to overcome than the mental disease itself.

To stimulate active interest in the work to be performed is of foremost importance. In most adult patients of this general type it is somewhat absurd to use "kindergarten" methods. Such patients need quite the same treatment as ordinary individuals, — a fair amount of work of an instructive nature, made interesting to them. It should, if possible, have some value to the patient or institution. Overwork must be avoided and common sense used.

There is some tendency among enthusiasts to-day to treat all insane as acutely ill patients, even though they are of the chronic dementing group. Able-bodied men and women not acutely ill do not seem to me to be so much interested in or benefited by "invalid occupations" as by worthwhile occupations. The occupation prescribed should, if possible, be something more than a plaything.

So also the terms re-education, therapeutic work, industrial training, etc., are frequently used to mean interesting occupations. I take it for granted that recreation and entertainment occupy a place in every institution of whatever type.

Training.

In order to avoid what has been termed "vigilance" nursing among the chronic insane, we are endeavoring to so train our attendants that they will be instructors while attending to the usual attendants' work, by requiring all attendants to attend daily talks and demonstrations of actual industries carried on in the industrial building. It is believed that in no other way will they grasp the idea of occupation as a part of treatment. This training, if successfully given, should result in better and longer service on the part of the attendants, and should also assist them in obtaining better positions on leaving.

In addition, a course of lectures on medical subjects and general nursing has been planned. That our instructors may sustain their interest and enthusiasm in the work, we have arranged a monthly teachers' visiting day, at which time all instructors who desire may visit other institutions or places in which industries are carried on.

Farm and Grounds.

Many have been engaged throughout the year, as in past years, in work on the farm and about the grounds. The return this year from the farm is the best of any year since the colony was started. There apparently will be enough vegetables to last throughout the coming year.

Co-operation of the State Forester's department has resulted in their supplying us with 50,000 young pine seedlings. This department has also given us valuable advice in the thinning out of our woodlands. . . .

Women have, in several departments, been occupied out of doors, chiefly under the general supervision of the assistant physician. A group of disturbed and destructive women patients is taken out each morning in charge of a nurse, and the beneficial effect is seen in the general behavior of the patients, and also in a marked saving of clothing, glass and crockery. We expect to continue this outdoor class throughout the winter. . . .

General.

Staff meetings and industrial conferences are held from 8 to 9 A.M. Every patient in the colony is now being considered with a view to sending as many patients as possible to their relatives or to board out. Patients who have become quiet, harmless and perhaps fairly efficient are frequently compelled to remain within an institution as their relatives are not sufficiently interested to provide for them, or perhaps there are no near relatives.

Family care is being developed to care for these patients outside of the institution. An assistant physician will, the first year at least, act as community worker.

A female nurse has recently been placed in charge of the male infirmary.

Arrangements have been made for a monthly clinic in Fitchburg, to which physicians, social workers, former patients and persons seeking advice for themselves, or relatives, may come for information. There are no special hours for clinics at the colony, as we are glad to give assistance and advice at any time to all who may apply.

MENTAL WARDS, STATE INFIRMARY.

Opened in October, 1866. Present capacity, 673.

Valuation of plant, per capita of capacity, \$789; real estate, \$673; personal, \$116.

Daily average number of patients, 722; increase for the year, 3.

Number Oct. 1, 1914, 741.

Commitments as insane, 55; decrease for the year, 11.

First cases of insanity, 45; 81.82 per cent.

Admitted by transfer, 65; increase for the year, 32.

First Cases of Insanity.

Native-born patients, 20 per cent.; mothers, 9.52 per cent.; fathers, 11.63 per cent.

Age sixty years or over, 26.67 per cent.

Resident in cities or large towns, 91.11 per cent.; country districts, 8.89 per cent.

Previous duration of insanity, under six months, 20 per cent.

Curable forms of insanity, 15.56 per cent.

Causes: congenital, 4.44 per cent.; hereditary, 8.89 per cent.; alcoholic, 22.22 per cent.; coarse brain lesions, 4.44 per cent.; syphilis, 15.56 per cent.

Deaths of the Insane.

Whole number, 56; 6.73 per cent. of whole number of persons treated.

Tuberculosis was present in 19.64 per cent.; senile insanity in 16.07 per cent.; general paralysis in 7.14 per cent.; coarse brain lesions in 3.57 per cent.

Extract from Superintendent's Annual Report.

The treatment of syphilis with Ehrlich's arsenical preparations during the two previous years was given to 490 patients, receiving in all 1,201 doses. During the present year 267 patients have received 743 doses of neosalvarsan, making 757 cases treated and 1,944 doses given during the last three years. This year's cases include, besides those showing recent infection, many cases of bone, joint, nerve and other more obscure lesions, directly traceable to syphilis. The results of this treatment continue very satisfactory, and cases admitted with recurrence of their lesions are less than usual. This is especially noticeable in those patients treated during the two previous years. During the early fall, on account of the inability to obtain neosalvarsan, because of the European war, we were forced to resort to the use of mercury in treating the syphilitics. In all, about 40 cases received thorough courses of mercury given by intramuscular injections. The results were good in most instances, but the time necessary to heal the open lesions was much longer than with the arsenic preparations. This lengthens the individual hospital time of the patient, tending to increase the per capita cost and lessening the available room for treating other cases. Therefore we conclude that from a therapeutic and economical standpoint salvarsan and neosalvarsan remain our most valuable agents in combating syphilitic infections. . . .

Dr. Thomas H. Odeneal, who has carried on extensive postgraduate studies in diseases of the eye, ear, nose and throat in Philadelphia, New York and Berlin, joined our medical staff in May to attend especially to the patients suffering from forms of disease of these classes, and has been able to render very valuable assistance to us in all the different departments of the institution. It has been especially gratifying to have the eyes examined and the proper lenses prescribed for the patients in the department for the insane, and in the men's and women's pavilion, enabling them to perform more accurately the different lines of industrial work, and giving them the additional pleasure of reading, which was, to some of

them, previously difficult or impossible. Although for many years glasses have been prescribed by the physicians, there were many in whom the complications were such as could only be remedied after the careful study and diagnosis of a specialist in this line of work.

BRIDGEWATER STATE HOSPITAL.

Opened in September, 1886. Present capacity, 818.

Valuation of plant, per capita of capacity, \$658; real estate, \$513; personal, \$145.

Daily average number of patients, 793; increase for the year, 10.

Number Oct. 1, 1914, 785.

Commitments as insane, 88; decrease for the year, 15.

First cases of insanity, 72; 81.82 per cent.

Admitted by transfer, 1; decrease for the year, 3.

First Cases of Insanity.

Native-born patients, 31.94 per cent.; mothers, 18.57 per cent.; fathers, 18.57 per cent.

Age sixty years or over, 2.86 per cent.

Resident in cities or large towns, 81.94 per cent.; country districts, 18.06 per cent.

Previous duration of insanity, under six months, 26.53 per cent.

Curable forms of insanity, 12.50 per cent.

Causes: congenital, 9.72 per cent.; hereditary, 9.72 per cent.; alcoholic, 26.38 per cent.; coarse brain lesions, 4.17 per cent.

Recoveries of the Insane.

Whole number, 19; 21.59 per cent. of commitments.

Recoveries of first cases of insanity, 14; 19.44 per cent. of first cases.

Deaths of the Insane.

Whole number, 30; 3.39 per cent. of whole number of persons treated.

Tuberculosis was present in 40 per cent.; senile insanity in 3.33 per cent.; general paralysis in 16.67 per cent.; coarse brain lesions in 3.33 per cent.

Extract from Medical Director's Annual Report.

The new cement building west of the main group was opened for patients in August. The first floor is occupied by terminal cases of dementia, and the upper floor by a group less demented, many of whom are workers. A mattress shop has been opened in one end, where an average of 20 patients are employed making and repairing mattresses and pillows. Continued effort has been made during the year to develop working patients. About the usual number have been employed in the walled enclosure, and a somewhat larger group on the farm. The farm workers have been selected largely from the front wards, and, in charge of three attendants, have been employed at general farm labor. Aside from numerous attempts to escape, one of which was successful, there has been little trouble.

There have been 76 individuals employed at profitable occupation in the industrial room, with a daily average of 40. Others have taken advantage of the room in the pursuit of labor less profitable to the hospital but of interest to themselves. Many have become quite proficient in that which is ordinarily considered a woman's work. . . .

Dr. Clarence B. Kenney resigned in March to enter private practice. A conscientious physician and a hard worker, his loss again calls attention to the salary schedule which fails to hold in the service the grade of men so much desired and so necessary for improving or maintaining any standard or degree of efficiency. Resignations are invariably followed by a period of work undone. In this instance the laboratory has been practically abandoned, save for the daily routine done by the assistant physicians. The demands and requirements are increasing each year; standards of a few years ago do not meet the present-day ideas of mental therapy. The trained psychiatrist and laboratory worker must be in touch one with the other, otherwise modern and scientific diagnosis and treatment of disease, either physical or mental, is too often replaced by personal judgment or guesswork. Personal qualifications and experience in this special line of work should command a reasonable compensation. The physician ripens and improves with age, becoming more and more valuable to the community. His skill and experience command a fair reward in other specialties or in general practice. While it is true there are always applicants for every advertised vacancy, there are comparatively few who measure up to the requirements. The majority who possess the professional and other qualifications enter the work as a means to an end, and not with any idea of making it their life work. The assistant physician at the present time has little to look forward to; consequently, in due time he leaves for other fields, taking with him the experience and qualifications which are of value to the hospital. Admitting that one function of the hospital is to educate and prepare physicians for the practice of medicine, the function should not be exercised to the point of crippling the hospital itself. A permanent medical staff would appear to be as desirable as a permanent business organization, and the inefficient to be as readily eliminated. I

would not recommend an automatic increase of salary at stated intervals, but an increase based on work accomplished, aptitude and general desirability as an institution official. There is an opportunity here, in fact a necessity, for the laboratory worker and pathologist, if first-class work is to be done in the future. To one who has had recourse to a laboratory its absence is accentuated. A skilled pathologist with a knowledge of psychiatry would be a stimulus for more and better work. Such a man, however, as already demonstrated, cannot be obtained and held unless we meet the market price for special knowledge. Our duty lies beyond attending merely to the physical wants of our patients. We should reach out into the field of preventive medicine and research; even though tangible results may not at once be apparent, every "little bit helps." . . .

Although a little early to judge of ultimate results, we have been enabled to discriminate more carefully in the selection of attendants under the increased scale of wages recently adopted. Experienced men are more frequently applicants, and, as the wages paid become more generally known, it is reasonable to suppose that more of the desired type will apply. Under the present scale we may expect and demand better care and treatment of those in our charge. Advancement of wages is not automatic, as in the past, but is determined by qualifications and general desirability in addition to the length of time in the service. Under this method more of the undesirable may be eliminated and their places filled by right-minded men on whom we may depend for the work demanded no less by ourselves than by the general public. At the present time we have a corps of attendants who have contributed in no small measure to the smooth running of the hospital during the year just closed. Complaints there have been, but, on the whole, less ground for reasonable complaint than in previous years. More individual care and supervision have been given all cases requiring such attention. It is hoped that this personal element may in the future become more and more a feature of our work.

MONSON STATE HOSPITAL.

Opened in May, 1898. Present capacity, 976; increase for the year, 123.

Valuation of plant, per capita of capacity, \$916; real estate, \$784; personal, \$132.

Daily average number of patients, 942; increase for the year, 37.

Number Oct. 1, 1914, 963.

Insane commitments, 32; increase for the year, 5.

Sane epileptics admitted, 160; decrease for the year, 23.

First cases of epilepsy, 163; being 84.89 per cent. of all epileptics received.

The general statistics for the year are: —

	INSANE.			SANE.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Oct. 1, 1913,	179	166	345	292	285	577	471	451	922
Admitted within the year,	20	24	44	121	111	232	141	135	276
Viz.: by commitment,	15	17	32	74	62	136	29	27	56
voluntary,	—	—	—	4	—	4	74	62	136
by transfer,	1	3	4	—	—	—	1	3	4
from visit,	2	2	4	10	10	20	12	12	24
from escape,	—	—	—	—	—	—	—	—	—
from escape, nominally admitted to discharge,	—	—	—	4	1	5	4	1	5
from visit, nominally admitted to discharge,	2	2	4	19	28	47	21	30	51
Whole number of cases within the year,	199	190	389	413	396	809	612	586	1,198
Dismissed during the year,	30	20	50	97	88	185	127	108	235
Viz.: discharged,	4	2	6	45	45	90	49	47	96
as recovered,	—	—	—	—	—	—	—	—	—
as capable of self-support,	—	—	—	—	—	—	—	—	—
as improved,	2	2	4	26	22	48	28	24	52
as not improved,	2	—	2	19	23	42	21	23	44
died,	19	16	35	17	10	27	36	26	62
transferred,	1	1	2	—	—	—	1	1	2
on escape Oct. 1, 1914,	—	—	—	4	—	4	4	—	4
on visit Oct. 1, 1914,	6	1	7	31	33	64	37	34	71
Patients remaining Sept. 30, 1914,	169	170	339	316	308	624	485	478	963
Viz.: State patients,	160	159	319	302	279	581	462	438	900
private patients,	9	11	20	8	14	22	10	18	28
reimbursing patients,	2	7	9	6	6	12	21	22	35
Number of different persons within the year,	196	188	384	389	367	756	584	554	1,138 ¹
Number of different persons admitted,	18	22	40	98	82	180	116	104	220
Number of different persons admitted voluntarily and by commitment,	15	17	32	88	72	160	103	89	192
Number of different persons dismissed,	28	18	46	73	59	132	101	76	177 ²
Number of different persons dismissed to community,	23	17	40	73	59	132	101	75	176 ³
Number of different persons discharged capable of self-support,	—	—	—	—	—	—	—	—	—
Daily average number of patients,	172.67	165.96	338.63	304.29	299.24	603.53	476.96	465.20	942.16
Viz.: state patients,	164.58	159.97	324.55	289.76	271.90	561.66	454.34	431.87	886.21
private patients,	2.36	3.21	5.57	9.66	15.21	24.87	18.42	18.42	36.84
reimbursing patients,	5.73	2.78	8.51	4.87	12.13	17.00	10.60	14.91	25.51

¹ One male discharged as sane and readmitted as insane; one female discharged as sane and readmitted as insane.

² One female discharged as sane and readmitted as insane and transferred.

³ One insane female transferred.

First Cases of Epilepsy.

Native-born patients, 79.62 per cent.; mothers, 37.10 per cent.; fathers, 36.07 per cent.

Mean age at onset of epilepsy, 17.27 years; when admitted, 24.95.

Resident in cities or large towns, 82.82 per cent.; country districts, 17.18 per cent.

Deaths of Epileptics.

Whole number, 62; 5.44 per cent. of whole number of persons treated.

Tuberculosis was present in 11.29 per cent.; epilepsy was the immediate cause of death in 45.16 per cent. Mean age at first attack of epilepsy, 22.37 years; at death, 35.96 years.

Finances.

Expenditures from maintenance funds, \$230,429; total receipts, \$13,699; being \$8,007 from private patients, \$3,527 from reimbursing patients, \$2,165 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.63; the same less repairs and improvements, \$4.40.

Weekly per capita cost of whole service, \$2.03; ward service, \$0.87.

One person employed for every 4.86 patients; 1 nurse for every 9.77 patients.

Average monthly wage for all persons employed, \$42.84; for nurses, \$37.22; men, \$42.07; women, \$33.24.

*Extract from Trustees' Annual Report.**Out-patient Department.*

This has been satisfactorily begun, in Springfield twice a month and in Pittsfield once a month. Either the superintendent or a member of the medical staff meets all patients desiring advice. The work has been combined with that of the Northampton State Hospital, and the clinics are held together, to the convenience of both the public and hospital authorities, and with added efficiency in the work. It has been found that many patients need advice, either of particular or general nature.

Wages.

The advance of wages which came into effect last year in relation to those who work in the ward has been helpful; particularly so in enabling

us to retain the services of those trained in our methods and found to be satisfactory, but who would not have remained indefinitely under the former payment.

Farm.

The farm continues to be successful, and undoubtedly helps in solving some of the most difficult problems in relation to the treatment of patients who are afflicted with epilepsy only in moderate degree.

Religious Instruction.

Religious instruction continues as heretofore, and its quiet and beneficial effect, to which mention was made in the previous report, is still to be noticed.

Amusements.

Constant effort is made by the medical staff and the nurses to add pleasure to the stunted lives of the patients, and to distract their minds from the all too obvious manifestations of the disease from which they suffer. Holidays — July 4, Thanksgiving and Christmas — are formally celebrated; and throughout the year picnics, dances, excursions, lectures, etc., are given. The attention given to these by the patients and the enjoyment received from them are very evident.

Extract from Superintendent's Annual Report.

Some of the important repairs and improvements during the past year are described with the idea of having this as a convenient reference, although this is less necessary than formerly, since the accounting with departments shows it.

In the Northrop property it has previously been mentioned how much work has been done about the farmhouse and grounds by the patients. There were two old buildings on this property which were re-covered with boards and made serviceable for storing hay. During the last year one of these buildings has been very much improved by the work of the attendants and patients at Farm Cottage. They have divided off the upper portion from the lower so that a certain amount of hay can still be kept there; they have laid a cement floor over the whole surface of the barn ground, and built places to take care of a large number of our young cattle during the winter. They have brought water into the barn, making it a thoroughly comfortable and serviceable place.

A lean-to shed, which had reached such a stage of instability that action was necessary, was carefully taken apart, and, by the use of some new material, was reconstructed in another place and after the model of another storehouse already in use. These two buildings are now very much alike and the appearance is much improved. We also obtain, by using the space to the best advantage, nearly three times as much room as we had in the original shed.

The sewer bed work has been continued until all of the ten filtration

areas are in perfect condition, and an eleventh area is under construction as our patients have time to attend to it. . . .

Much grading and ditching at the new building has been done by the farm group boys. Water mains and sewer lines, as well as surface drains, have been very far advanced.

Meadow ditching has been continued to a large extent, and a fair amount of land cleared. Where a loss shows in certain crops it is over-balanced by permanent improvements in preparing the ground.

The field worker's department is carried on by a social worker who has special qualifications, but is not a eugenic worker. Our records are thus kept supplied with the more essential information, although the charting cannot be as complete as formerly. . . .

The work of the laboratory has been satisfactory. The extended reports and lines of research are indicated in full in Dr. Thom's excellent summaries which are submitted at intervals.

FOXBOROUGH STATE HOSPITAL.

Opened in February, 1893. Present capacity, 299.

Valuation of plant, per capita of capacity, \$1,127; real estate, \$985; personal, \$142.

Daily average number of patients, 291 (insane, 206; inebriates, 85).

Number Oct. 1, 1914, 203.

Finances.

Expenditures from maintenance funds, \$107,556; total receipts, \$5,338; being \$963 from private patients, \$2,098 from reimbursing patients, and \$2,277 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$6.95; the same less repairs and improvements, \$6.73.

Weekly per capita cost of whole service, \$2.75; ward service, \$0.59.

One person employed for every 3.49 patients; 1 nurse for every 12.51 patients.

Average monthly wage for all persons employed, \$41.62; for nurses, \$32.33; men, \$32.95; women, \$25.11.

Statistics regarding the insane will be found with those of other institutions for the insane.

In September, 1914, in accordance with chapter 358 of the Acts of 1914 all inebriates at the Foxborough State Hospital were removed to the Norfolk State Hospital, which institution

is under the general supervision of the State Board of Charity. This chapter also authorized the appointment of a new board of trustees for Foxborough, and the use of the hospital for insane only.

Extract from Trustees' Annual Report.

The trustees of the Foxborough State Hospital entered upon their duties after their appointment early in August, 1914. They found the hospital nominally in charge of Dr. Irwin H. Neff, superintendent of the Norfolk State Hospital, who was volunteering one hour a day to its affairs.

Dr. Neff was anxious to be relieved of this work, and upon his recommendation his assistant, Dr. George E. McPherson, was appointed acting superintendent and treasurer. We had then about 200 insane and feeble-minded persons. Dr. McPherson remained in charge until the appointment of Dr. Albert C. Thomas, who assumed office on Oct. 22, 1914.

Extract from Superintendent's Annual Report.

A more detailed report of the activities and statistics with reference to the inebriate and drug cases is to be found in the report of the superintendent of the Norfolk State Hospital, and only a brief statistical summary covering the eight-month period ending May 31, 1914, is given here.

Of this class, 653 patients were admitted and 823 were dismissed. Of this number, 5 died, their deaths being due, respectively, to pulmonary tuberculosis and alcoholic œdema, chronic interstitial nephritis and pulmonary œdema, cerebral embolism, mitral regurgitation, and chronic interstitial nephritis.

Conforming to chapter 358, Acts of 1914, as accommodations were available, 91 patients were transferred to the Norfolk State Hospital, and on May 31, 1914, the remaining 58 patients of this class were transferred to that institution.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM.

Opened in October, 1848. Present capacity, 1,483; at Waltham, 1,183; at Templeton, 300.

Valuation of plant, per capita of capacity, \$722; real estate, \$612; personal, \$110.

Daily average number of patients, 1,548; increase for the year, 68.

Number Oct. 1, 1914, 1,565.

The general statistics for the year are:—

	Males.	Females.	Totals.
Number present Sept. 30, 1913,	903	596	1,499
Admitted during the year,	253	81	334
School cases,	69	14	83
Custodial,	108	37	145
By transfer,	2	2	4
From visit,	40	16	56
From escape,	3	—	3
Nominal admissions from visits,	20	11	31
Nominal admissions from escape,	11	1	12
Whole number of cases within the year,	1,156	677	1,833
Dismissed within the year,	202	66	268
Discharged,	58	25	83
Capable of self-support,	5	2	7
Improved,	43	13	56
Not improved,	10	10	20
Died,	24	6	30
Transferred,	2	9	11
On visit Sept. 30, 1914,	106	25	131
On escape Sept. 30, 1914,	12	1	13
Number present Sept. 30, 1914,	954	611	1,565
State patients,	923	587	1,510
Private patients,	19	14	33
New England beneficiaries,	12	10	22
Daily average number of patients for the year,	950+	598	1,548+
Number at school Sept. 30, 1914,	670	611	1,281
Number at Templeton Sept. 30, 1914,	284	—	284
Applications during the year,	—	—	399

Finances.

Expenditures from maintenance funds, \$311,142; total receipts, \$19,333; being \$14,038 from private sources, \$1,613 from reimbursing patients, \$1,155 from cities and towns, \$2,527 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.80; the same less repairs and improvements, \$3.60.

Weekly per capita cost of whole service, \$1.59; ward service, \$0.75.

One person employed for every 5.31 patients; 1 nurse for every 8.38 patients.

Average monthly wage for all persons employed, \$36.82; for nurses, \$27.43; men, \$33.10; women, \$26.51.

Extract from Superintendent's Annual Report.

The farm colony at Templeton has had the most successful year in its history. The colony estate comprises about 1,814 acres of land. It includes three large hills with the valleys between. Most of the valley land is rough and not very fertile, and much of it is wooded, some with a fine growth of young timber. As in other parts of north-central Massachusetts, the hilltops are the fertile areas, although they were rough and stony when the estate was bought. Much of the land is rough, stony "sprout" land, suitable only for forestry purposes. A large tract of land was purchased for the purpose of giving the boys as much liberty as possible, and, in

order to obtain the large quantity needed, it was necessary to include in the purchase much that was of little intrinsic value at the time. This land was bought at an average price of less than \$10 per acre, including seven sets of buildings, and much of this rough land cost only from \$1 to \$5 per acre. At the time of the purchase only 100 acres were capable of cultivation, and this, too, was rough and stony.

On this area we have developed four farms, each with a central farmhouse as a dwelling for employees, and including kitchen, dining rooms and storeroom. The patients live in one-story wooden dormitories adjacent to the farmhouses. These farmhouses and dormitories cannot be distinguished in any way from other dwellings in the community.

The entire cost of Templeton Colony, including the land, the repairs needed to fit the old dwellings for use, and the new construction, amounts to \$113,200, or \$378 per capita for the 300 inmates provided for. It may be safely said that this cost is much less than any similar provision for the feeble-minded in this or any other country. This selected group of active, able-bodied patients is just as comfortable there as they would be in the conventional institution building.

The boys have assisted in the preparation of the site and in the construction of the buildings. Each year at each of the four farms a certain amount of the wild land, absolutely worthless as it stands, is cleared and made ready for cultivation. This year 16 acres of rough, worthless land have been transformed into land ready for tillage. Now that the construction work is likely to be small, the entire energies of the boys will be devoted to the clearing of the land and the cultivation of the crops.

This year we had at the colony 118 acres under cultivation, — 45 acres in corn, 23 acres in potatoes, 6 acres in cabbage and turnips, 30 acres in other garden crops, and 14 acres in green crops. Our crops for the year, practically all of which were raised at the colony, included 1,591 barrels of apples, 77,301 pounds of cabbage, 7,876 bushels of potatoes, 1,314 bushels of turnips, 383,400 quarts of milk, etc.

Eighteen acres are devoted to orchards and small fruits. There are six good orchards of old trees which produced this year over 900 barrels of first-class apples. We have planted 8 acres with young fruit trees and small fruits.

For ten years past we have cut on the average over 1,000 cords of wood per year, cutting only the inferior wood. The use of this wood for fuel has already saved a sum of money, which would otherwise have been spent for coal, amounting to more than the entire cost of the land. We have several hundred acres of fine growing forests, with several thousand cords of first-class firewood and much good timber. As a beginning in constructive forestry we have planted during the last few years many thousands of white pines, which are in a flourishing condition. The care of these forests, the cutting of the wood and timber, and the planting of the young trees provide a most profitable method of employing the patients in the winter season.

We have at the colony 99 head of stock, including 54 cows, which furnish milk for the colony itself. We have also 42 head of young stock, which will be sent to Waverley when they are ready to give milk.

The shipment of farm products from the colony to the home school at Waverley began the 1st of September, and continued weekly until after the harvest. We have now at the home school at Waverley abundant supplies of the vegetables named above, — sufficient to last through the winter. It is a well-known fact that the feeble-minded desire and apparently require large quantities of bulky food. These cheaply raised vegetables satisfy that demand at a very low cost. Our cost for food this past year was 72 cents per patient per week. If we had been obliged to purchase all our food supplies in the market this cost would have been very much larger, at least 50 per cent. more than the above cost. The expense of caring for these boys would be just as great if they were at Waverley as it is at the colony, without any corresponding financial return. It is probable that the State has no more profitable investment than the Templeton farm colony, managed as an integral part of the parent institution at Waverley.

The credit for the prosperous condition of the colony is largely due to Mr. John Donnell, who has had the supervision of the patients, the care of the entire estate, the management and direction of the occupational activities of the boys, the planning for the planting, cultivation and harvesting of the crops, the clearing and reclaiming of the wild land, etc.

It has been suggested that the colony estate should be used as a site for a new institution for the feeble-minded. Many of the reasons leading to the selection of this place as a colony for a selected group of able-bodied adult workers are good reasons why the site should not be used for the purpose suggested above. Most of the land is three miles from a railroad station, up a long and difficult hill road. The added cost of transporting building material from the railroad station to the site would pay for the purchase of a suitable site for this purpose in a suitable locality. The elevation of the land is between 800 and 1,200 feet above sea level, and in the winter the temperature is very low for days at a time, and the winter winds are constant and bleak. The cost of fuel to keep the buildings comfortable for young children and feeble patients would add enormously to the cost of maintenance. The labor and expense that has been put into the development of the farm, and the construction of the simple buildings adapted to this group, would be thrown away if a new institution were located on the site. The places which would be needed for building sites have been planted to orchards, and these would be absolutely wasted if the land were taken for such a purpose. The ledges lying very near the surface of the ground would make the construction of water, sewage and steam systems a most expensive undertaking. The colony site is a long distance from the center of population for the western part of the State, and at least two changes of cars would be necessary in visiting patients from the most populous areas the new institution would serve.

In fact, the very conditions which made this site an attractive one for a farm colony for adult male patients — the cheapness of the land, its remoteness from the railroads and from the centers of population, etc. — are the very reasons why the site should not be chosen for an institution for children.

It would be most unfortunate to deprive the able-bodied adult male patients from Waverley of this outlet for their trained abilities, when they are so much happier and better off there than they would be in an inclosed institution. It does not seem possible that an experiment which has been so economical and successful, which has been approved by so many other States and countries, and adopted in part or as a whole by many other States, should not be continued. The economic possibilities of the colony are very great in the value of forestry products and in the way of vastly increased crops in the near future, now that the work of construction is over and the energies of the patients may be devoted to bringing more land under cultivation.

WRENTHAM STATE SCHOOL.

Opened in June, 1907. Present capacity, 605; increase for the year, 25.

Valuation of plant, per capita of capacity, \$1,230; real estate, \$1,118; personal, \$112.

The general statistics for the year are: —

	Males.	Females.	Totals.
Number remaining Sept. 30, 1913,	190	233	423
Admitted within the year,	116	157	273
By commitment,	102	138	240
By transfer,	3	9	12
Returned from visit,	5	6	11
Returned from escape,	2	—	2
Nominally from visit,	2	4	6
Nominally from escape,	2	—	2
Whole number of cases within the year,	306	390	696
Dismissed within the year,	33	34	67
Viz.: Discharged,	12	22	34
Transferred,	—	—	—
Died,	2	3	5
On visit Sept. 30, 1914,	17	9	26
On escape Sept. 30, 1914,	2	—	2
Remaining Sept. 30, 1914,	273	356	629
Daily average number,	251.90	314.75	566.74

Finances.

Expenditures from maintenance funds, \$120,659; total receipts, \$1,311; being \$88 from private sources, \$856 from reimbursing patients, \$367 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.85; the same less repairs and improvements, \$3.68.

Weekly per capita cost of whole service, \$1.52; ward service, \$0.69.

One person employed for every 6.13 patients; 1 nurse for every 9.39 patients.

Average monthly wage for all persons employed, \$40.67; for nurses, \$28.33; men, \$44.62; women, \$27.09.

Extract from Trustees' Annual Report.

The year at the Wrentham State School has been marked by a decided advance in the usefulness of the institution as a part of the State's system of care for the feeble-minded, — a class whose special treatment has come into fuller recognition as a great concern of the Commonwealth. The progress of the school, in its relation to the State's problem, is shown in a measure by the increase in its capacity and in the number of inmates. The population has increased from 441 to 637. Buildings now nearing completion, under provision of the Legislature of 1912, will add 360 to the school's capacity, and the buildings provided for by the Legislature of 1913 will carry the number of inmates it can accommodate to 1,090. The other gauge of progress is the fuller development of the schooling and classification of the children. As to both of these lines of advance the report of the superintendent may be referred to.

While the enlargement of the school has not reached, and may be said not to have approached, the limit that might be set for it, there is a question already deserving consideration as to the extent to which the Wrentham School shall be employed in meeting the pressing demand for accommodations for the class of dependents for which it exists. The fact that there is a great number of the feeble-minded not yet provided for is familiar. Either in the Wrentham School or a new one, or in both, provision for the large number now at large is clearly needed. The Legislature will again consider the establishing of a new school, and, consistently with our report of last year, we join in urging its necessity. But no new institution will remove the need of carrying the Wrentham School to the point of its fullest reasonable accommodation.

The Commonwealth has here an estate of nearly 500 acres, and it has already a large investment in buildings. It has an organization which has been developed to a high point of efficiency. The part of simple prudence would seem to be to carry the school forward to the largest

possible usefulness and the realization of the fullest possible return from the investment already made, as well as the most complete employment of its trained force. The initial expenditure in an institution is large, and the wisest economy is in making it count to the greatest extent in the subsequent development.

Extract from Superintendent's Annual Report.

Our schools are so organized that they reach almost our entire population. By a combination and modification of the Sequin and kindergarten methods the small children are developed. The more advanced, regular school classes and occupational activities furnish training to all of our inmates of school age. In the evening there are special classes for the adults, who are employed during the day in the various industrial activities of the institution. The evening classes afford instruction in music, gymnastics, dancing, fancy work, brass work, leather work, designing and basketry.

To obtain the best results in the education of the feeble-minded it is necessary that they should come to the institution while young. These children are weak morally as well as mentally. They do not know the difference between right and wrong, and therefore they need to be taught to yield the proper social reactions just as surely as to give the proper mental reactions. With the great middle and lower class of defectives this all-round education can very well be accomplished by the educational methods formulated by Sequin many years ago, combined with the teachers' and employees' efforts towards the development of moral sense in the children by the usual method of precept and example. Large numbers of children, however, are now coming to institutions for the feeble-minded where the mental weakness is insignificant as compared to their moral retardation. The proper education, care and control of this class presents a complex and difficult problem.

Some of the border-line cases have been giving the management much concern as to what is best to do with certain girls and boys. For instance, a boy of this type is first recognized in the community by his committing some petty crime. When examined he shows that his mentality is not quite up to normal. He has not been able to keep up with his fellows in school. In the institution he settles down and does very well. His immoral tendencies are not marked. He believes he could make good in the community if he had one more trial. There are some of these boys and a few girls who, I believe, should be given this trial.

Boys and girls whose mental and moral defectiveness is not extreme, who have profited by a period of institutional education and care, who have, perhaps, been tided over a few critical years in their life, — these we are reasonably hopeful may do fairly well in the community, provided we carry institutional supervision to them in the form of a good visitor, while also having them report to the institution at certain periods. I believe this is one method whereby a school for the feeble-minded can

extend its work and bring a larger number of feeble-minded under supervision than can be maintained within the institution grounds. In carrying out such a system there is no doubt mistakes would be made, but they would be individual ones, and, I believe, few compared with the big mistake of allowing a great number of the feeble-minded to remain at large in the community without any intelligent supervision. Besides, I believe that in many instances this system would bring happiness and contentment to the individual without working serious harm to the community.

I wish to call to your attention the increasing number of defective delinquents that are being committed to this institution. They are not a class that should be assigned to a school for the feeble-minded. The institution is not designed or constructed to meet the demands of caring for them. They do not classify with the feeble-minded. They interfere very seriously with the ordinary amusements, joys and pleasures of the feeble-minded. They ridicule the best efforts of the employee for the interests of the feeble-minded. In fact, the optimistic and altruistic methods obtaining in the successful care of the feeble-minded are frustrated by this class at every turn. The tender and considerate quality which is positively essential in the employees caring for the feeble-minded is used by the defective delinquent in gaining his own point, which is always injurious both to himself and to the management of the institution. By his picturesque and notorious escapades in the community the defective delinquent is more likely to gain the attention of the social worker and be sent to an institution than is the unobtrusive, deserving feeble-minded person.

I bring this question of the defective delinquent before you for your careful consideration, for I believe that the increasing number of this type in our population presents the most critical problem that confronts the successful management of this institution.

THE PRIVATE INSTITUTIONS.

THE MCLEAN HOSPITAL.

Opened in October, 1818. Present capacity, 220; decrease for the year, 1.

Valuation of plant, per capita of capacity, \$8,807.

Average weekly per capita cost of maintenance, \$28.49.

Daily average number of patients, 216; decrease for the year, 5.

Number Oct. 1, 1914, 207.

All commitments, 113; increase for the year, 31.

Commitments as insane, 107; decrease for the year, 34.

First cases of insanity, 61; 57.01 per cent.

Voluntary admissions, 60; decrease for the year, 14.

Emergency commitments, none.

Temporary-care admissions, 12.

Admission as inebriate, 5.

First Cases of Insanity.

Native-born patients, 78.69 per cent.; mothers, 72.13 per cent.; fathers, 67.21 per cent.

Age sixty years or over, 13.11 per cent.

Residents in cities or large towns, 78.69 per cent.; country districts, 21.31 per cent.

Previous duration of insanity under six months, 59.02 per cent.

Curable forms of insanity, 59.02 per cent.

Causes: hereditary, 31.15 per cent.; alcoholic, 6.56 per cent.; coarse brain lesions, 4.92 per cent.; syphilis, 8.20 per cent.

Recoveries of the Insane.

Whole number, 44; 41.12 per cent. of commitments.

Recoveries of first cases of insanity, 16; 26.23 per cent. of first cases.

Recoveries in curable group A, 13; 36.11 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 16; 4.88 per cent. of the whole number of persons treated.

Curable forms of mental disease present in 25 per cent.; general paralysis in 18.75 per cent.; coarse brain lesions in 43.75 per cent.

Extract from Superintendent's Annual Report.

The training school for nurses, with the completion of the thirty-three years of its existence, has a roll of graduates including 782 names, — 512 women and 270 men. . . .

The length of the course of study in the school has again been made two instead of two and a half years. Most of the women nurses take the eighteen months' postgraduate course at the Massachusetts General Hospital school, making their whole period of study and hospital work four years, which is unnecessarily long. Any young man or woman capable of being a nurse can acquire enough in the field of mental work, with a fair foundation in general nursing, in two years to properly begin private

work or to be paid the higher compensation that a graduate can command by remaining in hospital service; the requirement of a longer time is perhaps as much to the advantage of the hospital as to the nurse. . . .

Instruction in basketry has been continued. Nurses also have opportunity to learn something of other kinds of work while on duty in the handicraft rooms.

The courses in literature and the fine arts mentioned in the report of last year have been continued and have been amplified. They have proved to be most interesting to the nurses and some of the patients who were invited to attend them. A part of the largely increased circulation of the hospital library was no doubt due to an awakened interest in reading in connection with these courses. We are indebted to the Newton Public Library for the loan of their remarkably fine and complete collection of photographs to supplement those owned by the hospital.

It is gratifying to note the continued interest of the general hospital nurse in mental work. As a rule, four at a time from the General Hospital school are taking the short course of three months which is offered to members of that school.

OTHER PRIVATE LICENSED INSTITUTIONS.

Number, 24. Dr. Eben T. Norton of Norwood, and Dr. Samuel T. Davis of Vineyard Haven, relinquished their licenses during the year.

On Sept. 30, 1914, there were in these institutions 211 patients, an increase of 5 for the year. The insane numbered 135, or 63.98 per cent. There were 199 admissions of the insane and 195 dismissals during the year.

Forty-five visits were made to these institutions by a physician representing the Board.

The numbers on Sept. 30, 1914, for each institution are set forth in the following tabulation:—

NUMBER OF PATIENTS SEPT. 30, 1914.

INSTITUTIONS.	INSANE.		SANE, VOL- UNTARY.		INEBRIATE.		FEEBLE- MINDED.		TEMPO- RARY CARE.		NON- MENTAL.		TOTALS.	
	Males.	Females.	Totals.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Totals.
Bournewood, Henry R. Stedman, M.D.,	4	9	13	1	1	1	1	1	1	1	1	1	4	13
Channing Sanitarium, Walter Channing, M.D.,	12	12	24	8	7	1	8	1	1	1	1	1	1	23
Pine Terrace, W. F. Robie, M.D.,	6	13	19	1	1	1	1	1	1	1	1	1	1	20
Herbert Hall Hospital, John Merrick Bemis, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	2
Newton Sanatorium, N. Emmons Paine, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	2
Loonst. Grove Sanitarium, Miss Alice R. Cooke,	3	13	16	1	1	1	1	1	1	1	1	1	1	12
Framingham Nervine, Ellen L. Keith, M.D.,	2	2	4	1	1	1	1	1	1	1	1	1	1	2
Wellesley Nervine, Edward H. Wiswall, M.D.,	3	13	16	1	1	1	1	1	1	1	1	1	1	12
Sherwood, J. F. Edgerly, M.D.,	2	2	4	1	1	1	1	1	1	1	1	1	1	2
Private Hospital, George B. Coon, M.D.,	6	6	12	2	2	2	2	2	2	2	2	2	2	28
Highland Hall, Samuel L. Eaton, M.D.,	2	2	4	2	2	2	2	2	2	2	2	2	2	3
Dr. Reeves' Nervine, Harriet E. Reeves, M.D.,	8	8	16	1	1	1	1	1	1	1	1	1	1	14
Wheeler Sanitarium, Mrs. Maria H. Paul,	4	4	8	1	1	1	1	1	1	1	1	1	1	5
Arlington Health Resort, Arthur H. Ring, M.D.,	3	23	26	2	2	2	4	2	2	2	2	2	2	11
Private Hospital, Edward B. Lane, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	5
Private Hospital, H. N. Archibald, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	5
Private Hospital, Henry C. Baldwin, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	45
Newton Nervine, Edward Mellus, M.D.,	4	4	8	1	1	1	1	1	1	1	1	1	1	1
Glenside, Mabel D. Ordway, M.D.,	4	4	8	1	1	1	1	1	1	1	1	1	1	10
Concroft, Robert T. Edes, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	5
Fisk Hospital, Richard C. Coburn, M.D.,	4	4	8	1	1	1	1	1	1	1	1	1	1	3
Knollwood, Earle E. Bessey, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	6
Private Hospital, Sarah E. Stevens, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	3
Bellevue Sanitarium, Mary W. L. Johnson, M.D.,	1	1	2	1	1	1	1	1	1	1	1	1	1	3
Totals,	28	107	135	4	16	20	20	2	1	3	18	30	48	211

UNLICENSED HOMES.

The Board continues its supervision of unlicensed homes where the insane, epileptic, feeble-minded or persons addicted to the intemperate use of narcotics or stimulants are likely to be found. Visits are made by an agent of the Board. In each case the requirements of the law are explained and a copy left with the manager.

FAMILY CARE OF THE INSANE.

UNDER STATE BOARD.

First patient boarded in a family, Aug. 10, 1885. Since placed 1,269 different patients.

Number in families, Oct. 1, 1914, 302, — 12 men, 290 women.

Placed during the year, 36 persons, a decrease of 67.

Daily average number for the year, 319; an increase of 10.

Passed out of public support: —

During the year, 8, a decrease of 9; viz.: discharged self-supporting, 1; self-supporting in families, 5; boarded with friends without public expense, 2.

Since 1885, 263 different patients, viz.: discharged self-supporting, 94; discharged to care of friends, 39; self-supporting in families, 79; boarded with friends without public expense, 31; became private patients, 20.

Reappeared under public support: —

During the year, 12; since 1885, 88; 33 per cent.

Number of families having patients, 149, a decrease of 11; 82 families having 1 patient; 20 families, 2; 18 families, 3; 19 families, 4; 10 families, 5.

Number of cities and towns in which patients are boarded, 50, a decrease of 4. Largest number of patients in any one town, 73; of families, 28.

The general statistics for the year are: —

	1914.			INCREASE FOR THE YEAR.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Remaining Sept. 30, 1913,	12	324	336	1 ¹	21	20
Admitted within the year,	3	37	40	1 ¹	68 ¹	69 ¹
By transfer from institutions,	2	35	37	1 ¹	66 ¹	67 ¹
Nominally admitted from visit, for discharge,	1	2	3	1	-	1
Nominally admitted from escape, for discharge.	-	-	-	1 ¹	-	1 ¹
Whole number of cases within the year,	15	361	376	2 ¹	47 ¹	49 ¹
Dismissed within the year,	3	71	74	2 ¹	13 ¹	15 ¹
Viz.: Discharged,	1	4	5	1 ¹	5 ¹	6 ¹
Capable of self-support,	1	3	4	-	5 ¹	5 ¹
Requiring further care,	-	1	1	1 ¹	-	1 ¹
Transferred to institutions,	-	62	62	2 ¹	9 ¹	11 ¹
Unsuitable,	-	25	25	-	6	6
Temporarily,	-	26	26	2 ¹	6 ¹	8 ¹
Ill,	-	11	11	-	9 ¹	9 ¹
Died,	-	2	2	-	1	1
Escaped,	1	1	2	1	-	1
On visit Sept. 30, 1914,	1	2	3	-	-	-
Remaining Sept. 30, 1914,	12	290	302	-	34 ¹	34 ¹
Viz.: Supported by State,	6	246	252	2 ¹	23 ¹	25 ¹
Reimbursing,	-	17	17	-	1 ¹	1 ¹
Private,	1	8	9	-	2 ¹	2 ¹
Self-supporting,	4	12	16	2	8 ¹	6 ¹
Living with friends without public aid,	1	7	8	-	-	-
Number of different persons within the year,	14	356	370	3 ¹	35 ¹	38 ¹
Number of different persons admitted,	2	34	36	1 ¹	68 ¹	69 ¹
Number of different persons dismissed,	3	67	70	2 ¹	13 ¹	15 ¹
Daily average number,	12.31	306.26	318.57	.47	8.72	9.19
State,	6.43	255.37	261.80	.08 ¹	7.82	7.74
Reimbursing,	-	17.85	17.85	-	2.18	2.18
Private,	1.00	8.50	9.50	-	2.92 ¹	2.92 ¹
Self-supporting,	3.88	16.45	20.33	.28	1.54 ¹	1.26 ¹
Living with friends without public aid,	1.00	8.09	9.09	.27	3.18	3.45

¹ Decrease.

The total and weekly per capita expenditures of the State on account of patients in private families for the year ending Nov. 30, 1914, and since Oct. 1, 1889, are shown as follows:—

	Fiscal Year ending Nov. 30, 1914.	Since Oct. 1, 1889.
Payments for board,	\$43,336 37	\$649,111 92
Average number of patients, exclusive of private patients, .	304.38	202.85
Weekly per capita cost of board,	\$2 74	\$2 41
Payments for extra clothing not included in board rate, . . .	\$213 84	\$2,491 25
Payments for medical attendance, etc., not included in board rate,	\$244 16	\$4,578 49
Weekly per capita cost of such expenses, outside of board rate,	\$0 03	\$0 03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.).	\$2 77	\$2 45
Payments for supervision (being transportation, salaries and expenses of visitors).	\$1,963 97	\$83,339 50
Average number of patients,	313.55	209.90
Weekly per capita cost of supervision,	\$0 30	\$0 29
Weekly per capita cost of support and supervision, . . .	\$3 17	\$2 74

First Admissions.

Of the 27 first admissions 2 had been in institutions continuously for less than a year; 4, one to two years; 4, two to three years; 5, three to four years; 3, four to five years; 2, five to six years; 1, seven to eight years; 2, nine to ten years; 1, ten to eleven years; 1, fifteen to sixteen years; 2, nineteen to twenty-three years. The average hospital residence was five years, eight months.

Of the 6 persons so residing less than two years none had been previously insane inmates of institutions.

Of the 27 persons first admitted 7 were returned to institutions and 1 escaped. The remainder were successfully boarded; 1 became self-supporting, 5 improved mentally and physically, 6 improved physically and 7 made no improvement.

Readmissions.

Of the 10 such cases 7 were readmitted for the first time, 1 for the second, 1 for the third and 1 for the seventh. Five had remained in institutions after return from boarding less than a year; 2, one to two years; 3, two to three years; the average duration being one year, one month.

Eight had been returned to institutions temporarily after boarding an average of one year, six months; 1 as unsuitable after boarding five months; 1 as ill after boarding two years, four months.

Discharges.

Five cases were discharged; 1 after boarding less than a year; 1, one to two years; 1, two to three years; 1, three to four years; 1, eight years.

Two had been continuously inmates of institutions prior to boarding out four to five years; 2, two to three years; 1, less than a year.

Four were discharged self-supporting and 1 to friends.

In addition, 3 patients were on visit Oct. 1, 1914.

Transfers to Institutions.

Sixty-two cases were transferred to institutions; 25 as unsuitable, 11 physically ill, 26 temporarily.

Of the 25 so transferred as unsuitable, 15 had boarded less than a year; 3, one to two years; 2, two to three years; 1, seven to eight years; 3, nine to ten years; 1, ten to eleven years; the average duration being two years, six months. Sixteen had been tried in one family, 4 in two families, 2 in three families, 2 in four families and 1 in seven families.

Of the 11 so transferred as ill, 1 had boarded less than a year; 4, one to two years; 2, three to four years; 1, seven to eight years; 1, eight to nine years; 1, nine to ten years; 1 twenty-seven years; the average duration being six years. Seven remained in institutions, 3 died within one month and 1 within three months.

Of the 26 so transferred temporarily, 11 had boarded less than a year; 7, one to two years; 4, two to three years; 1, four to five years; 2, five to six years; 1, twenty-four years; the average duration being two years, five months. Three were readmitted to family care within the year.

Transfers between Families.

There were 96 transfers between families. The reasons for such transfers are shown as follows: —

Self-support,	4
To friends,	6
To make room for another patient,	1
Unable to continue self-supporting,	1

Patient troublesome,	34
Patient dissatisfied,	21
Incompatibility,	2
For better accommodations,	5
Request of relatives,	2
Patients no longer desired,	11
Caretaker ill,	7
Caretaker died,	2

Deaths.

Two patients died after boarding an average of two years, nine months.

In addition, 5 patients died in institutions within six months after returning.

Escapes.

Three patients left their boarding places without leave. One was apprehended and returned to an institution. Two are unfound.

Families.

The 302 patients remaining Sept. 30, 1914, were in 149 families, a decrease of 11. Seventy-eight families had 1 patient each; 20 families, 2; 18 families, 3; 19 families, 4; 10 families, 5; 4 patients found their own boarding places.

Nineteen of these patients were with relatives, 7 with interested friends.

Forty-one new families applied for patients, 7 being rejected. Twenty-five new families were given patients within the year.

Cities and Towns.

The patients remaining Oct. 1, 1914, resided in 50 cities and towns: —

Amesbury, 1; Andover, 1; Ashland, 1; Athol, 1; Bellingham, 1; Beverly, 1; Billerica, 1; Boston, 7; Brookfield, 4; Brookline, 1; Cummington, 1; Easton, 2; Framingham, 3; Goshen, 1; Grafton, 1; Haverhill, 1; Holliston, 17; Hopkinton, 8; Hudson, 3; Leicester, 5; Lowell, 7; Marlborough, 2; Medford, 1; Needham, 2; New Bedford, 3; Newburyport, 1; Newton, 2; North Brookfield, 22; North Wilmington, 1; Petersham, 2; Prescott, 1; Reading, 6; Revere, 2; Rochester, 1; Royalston, 4; Salem, 1; Somerville, 2; Southborough, 6; Taunton, 15; Tewksbury, 73;

Upton, 2; Walpole, 5; Wayland, 2; Westborough, 43; Weymouth, 1; Whitman, 1; Williamsburg, 5; Wilmington, 22; Woburn, 4; Worcester, 2.

UNDER TRUSTEES.

The trustees of institutions were authorized, by chapter 458 of the Acts of 1905, to place their patients in the care of private families under substantially the same conditions as the State Board.

First patient boarded in a family, June 13, 1905. Since placed, 95 different patients.

Number in families, Oct. 1, 1914, 39, — 9 men and 30 women.

Placed during the year, 27 persons, an increase of 9.

Number of families having patients, 28, an increase of 9; 21 families having 1 patient each; 3 families, 2; 4 families, 3.

Number of towns in which patients are boarded, 28, an increase of 14. Largest number of patients in any one town, 6; of families, 3.

The general statistics for the year are: —

	Taunton Hospital.	North- ampton Hospital.	Westbor- ough Hospital.	Boston Hospital.
Remaining Sept. 30, 1913,	2	28	—	—
Men,	—	2	—	—
Women,	2	26	—	—
Admitted within the year,	7	16	5	2
Men,	2	5	1	1
Women,	5	11	4	1
Whole number of cases within the year,	9	44	5	2
Men,	2	7	1	1
Women,	7	37	4	1
Dismissed within the year,	7	11	2	1
Men,	—	1	1	—
Women,	7	10	1	1
Viz.: Returned to institutions,	7	7	2	1
Men,	—	—	1	—
Women,	7	7	1	1
Discharged,	—	3	—	—
Men,	—	1	—	—
Women,	—	2	—	—
Died,	—	1	—	—
Men,	—	—	—	—
Women,	—	1	—	—
Remaining Sept. 30, 1914,	11	24	3	1
Men,	5	3	—	1
Women,	6	21	3	—
Supported by the State,	11	14	2	1
Men,	5	—	—	1
Women,	6	14	2	—
Private,	—	5	1	—
Men,	—	—	—	—
Women,	—	5	1	—
Self-supporting,	—	5	—	—
Men,	—	3	—	—
Women,	—	2	—	—

	Taunton Hospital.	North- ampton Hospital.	Westbor- ough Hospital.	Boston Hospital.
Number of different persons within the year, . . .	7	42	5	2
Number of different persons admitted, . . .	5	16	5	2
Number of different persons dismissed, . . .	7	10	2	1
Daily average number,	8.73	24.83	2.30	.51
State,	8.73	14.27	2.03	.51
Men,	2.82	1.00	.10	.48
Women,	5.91	13.27	1.93	.03
Private,	—	5.15	.27	—
Men,	—	—	—	—
Women,	—	5.15	.27	—
Self-supporting,	—	5.41	—	—
Men,	—	2.16	—	—
Women,	—	3.25	—	—

THE STATE BOARD.

PROCEEDINGS.

In accordance with chapter 762 of the Acts of 1914 the Board was reorganized in August, 1914, a paid board of 3 members replacing a former unpaid board of 5 members.

The last meeting of the former Board, composed of the following members, Dr. Michael J. O'Meara, chairman, Dr. L. Vernon Briggs, Hon. John W. Mason, Mr. James W. Hall and Mr. Roger Wolcott, was held on July 24, 1914.

The Governor appointed Dr. Michael J. O'Meara, chairman, Dr. L. Vernon Briggs and Mr. Charles E. Ward as members of the new Board. They organized on Aug. 10, 1914, and appointed Dr. L. Vernon Briggs secretary and Mr. Charles E. Ward treasurer.

Sixty-one Board meetings were held during the year, 21 prior to reorganization and 40 since August.

Nine conferences with the trustees and superintendents of the different institutions were arranged to promote harmonious action with relation to appropriations, construction and general policy.

Sixty-five visits of inspection were made by the Board, in addition to 509 by the deputy executive officer, pathologist, assistant pathologist, assistant to executive officer, the medical director, the financial agent and the director of industries.

Twenty visits were made to the institutions relative to deportation matters by the deputy executive officer. One hundred and nineteen visits relative to matters of support were made to institutions by agents of the support department.

Careful attention has been paid to all complaints as to commitment, discharge, death or treatment of patients.

Two hundred and fifteen special investigations were made in regard to these and kindred matters relating to patients in institutions.

THE PERSONNEL OF THE BOARD.

Mr. William F. Whittemore, member of the former Board, retired in February, 1914. The following resolution was passed and ordered spread upon the records:—

That we hereby express our regret that William F. Whittemore has seen fit to resign from this Board, and that we hereby record our appreciation of the faithful service which he has rendered for more than seven years. He has been unusually regular in the making of visits. His business skill has been of great value in dealing with the business questions so constantly coming before the Board, and especially the important and difficult questions arising in the acquiring of lands for the Boston State Hospital and other institutions.

Dr. Charles E. Thompson, secretary and executive officer of the Board, resigned in February, 1914, to accept the position of superintendent of the Gardner State Colony. Dr. Thompson, however, continued to act as secretary and executive officer until June, giving part time to the work of this department. The Board passed the following resolution in regard to Dr. Thompson, and ordered that it be spread upon the records:—

Upon the resignation of Dr. Owen Copp, the first executive officer of this Board, Dr. Charles E. Thompson, then superintendent of the Gardner State Colony, was, entirely without solicitation on his part, selected to fill the vacancy. For three years he has labored earnestly and conscientiously to carry forward the important and constantly increasing work of the Board.

The members of the Board desire to express their appreciation of the good work which he has done for the Commonwealth, and their best wishes for his success in the future.

Dr. Daniel H. Fuller, assistant to the executive officer, resigned on April 1, 1914, to accept a position at the Pennsylvania Hospital for the Insane in Philadelphia. The Board accepted his resignation with regret, and the appreciation of

the members and best wishes for his future work were verbally expressed to Dr. Fuller.

Dr. A. Warren Stearns was appointed assistant to the executive officer on July 1, 1914. Dr. Myrtelle M. Canavan was appointed assistant pathologist of the Board also on July 1, 1914.

PLANS AND SPECIFICATIONS.

The following construction was authorized by the Legislature of 1914, plans and specifications in each case having been examined and approved by the State Board of Insanity: —

Northampton Hospital. — Construction and repair of stable (Resolves, chapter 106) approved Dec. 19, 1913. Extension of corridor from infirmary to main building (Resolves, chapter 106) approved Dec. 19, 1913.

Gardner Colony. — Constructing slaughterhouse and extension of barn at Belcher Cottage (Resolves, chapter 128) approved Dec. 19, 1913.

Massachusetts School for the Feeble-minded. — Cottage for 15 boys at Templeton Colony (Resolves, chapter 126) approved Dec. 19, 1913.

Wrentham School. — Hospital building to accommodate 100 patients (Resolves, chapter 151) approved Dec. 19, 1913. Two dormitories for 50 patients, bathroom, dining room and kitchen additions (Resolves, chapter 151) approved Dec. 19, 1913. Cow barn and silo (Resolves, chapter 151) approved Dec. 19, 1913.

ESTIMATES OF STATE EXPENSES FOR 1915

on account of the insane, feeble-minded and epileptic amount to \$5,397,527.72, excluding estimates for maintenance of the insane department of the State Infirmary and the Bridgewater State Hospital, whose estimates are inseparable from those of the institutions as a whole, which are supervised by the State Board of Charity. They comprise estimates by the State Board and by the State institutions.

ESTIMATES BY THE STATE BOARD.

For traveling, office and contingent expenses, including the printing and binding of the annual report, . . .

\$10,750

This estimate is the same as the appropriation of the previous year.

For salaries of officers and employees,	\$61,500
The increase in the estimate for salaries is due to the reorganization of the Board, to the addition of officers required to promote greater efficiency in the department, and to the regular salary advances based on length of service, and in accordance with chapter 605, Acts of 1914.	
For transportation and medical examination of State charges under the supervision of the Board,	\$10,000
The decrease in the estimate for transportation and medical examination of State charges is due to a decrease in travel.	
For the support of State charges boarded out in families under the supervision of the Board, or temporarily absent under authority of same,	\$20,000
The decrease in the estimate for the support of State charges boarded out in families is due to a decrease in the number under the State Board, and the taking over of the boarded-out patients by the institutions in whose districts they reside.	
For the support of epileptic State charges in the Hospital Cottages for Children,	\$10,000
This estimate is \$500 less than the appropriation of the previous year.	
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof,	\$2,500
This estimate is the same as the appropriation of the previous year.	

ESTIMATES FOR STATE INSTITUTIONS

relate (1) to maintenance expenses, inclusive of repairs and improvements, and (2) special expenditures for new buildings, additions, new furnishings and equipment, in the main.

ESTIMATES FOR MAINTENANCE EXPENSES

of the State institutions have been submitted by the trustees, as follows:—

Comparative Estimates for Maintenance, 1915, as submitted by the Trustees.

INSTITUTIONS.	AVERAGE NUMBER OF PATIENTS.		Salaries, Wages and Labor,	Food.	Clothing, etc.	Furnishings.	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Miscellaneous.	Religious Services.	Totals.
	1915 (estimated).	1914.										
Worcester Hospital, . . .	1,445	1,399	\$184,700 00	\$98,000 00	\$10,000 00	\$18,000 00	\$32,000 00	\$17,200 00	\$24,250 00	\$24,600 00	\$1,250 00	\$410,000 00
Taunton Hospital, . . .	1,235	1,226	132,180 20	74,704 98	6,500 00	12,354 30	24,235 00	27,335 00	25,295 00	28,595 75	1,635 00	332,885 23
Northampton Hospital, . .	920	929	89,000 00	60,000 00	5,200 00	5,500 00	13,500 00	12,000 00	17,000 00	12,500 00	1,300 00	216,000 00
Danvers Hospital, . . .	1,450	1,472	161,100 00	90,000 00	7,700 00	16,800 00	32,950 00	30,000 00	23,700 00	25,900 00	1,120 00	389,270 00
Westborough Hospital, . . .	1,220	1,237	161,000 00	85,300 00	7,400 00	13,000 00	31,000 00	15,000 00	19,200 00	20,267 00	2,720 00	354,887 00
Boston Hospital, ¹ . . .	1,550	1,371	218,670 00	131,253 00	10,500 00	18,000 00	43,000 00	18,339 00	22,306 00	31,800 00	1,456 00	495,324 00
Worcester Asylum, . . .	1,575	1,369	159,000 00	99,000 00	18,500 00	17,800 00	33,000 00	14,500 00	20,000 00	18,000 00	1,800 00	381,600 00
Medfield Hospital, . . .	1,625	1,664	176,985 00	106,625 00	24,809 00	15,567 00	32,453 00	13,002 00	27,956 00	15,097 00	1,410 00	413,904 00
Gardner Colony, . . .	735	712	71,000 00	29,000 00	10,000 00	6,000 00	13,000 00	12,500 00	20,000 00	8,500 00	1,200 00	171,200 00
Monson Hospital, . . .	1,000	947	123,494 00	63,863 00	6,701 00	9,024 00	27,100 00	10,400 00	22,664 00	16,545 00	1,588 00	281,379 00
Foxborough Hospital, . . .	340	291	47,000 00	23,000 00	5,000 00	3,000 00	12,900 00	4,500 00	7,500 00	8,200 00	1,418 00	112,518 00
Massachusetts School for the Feeble-minded, . . .	1,570	1,558	130,717 60	65,473 00	18,000 00	10,000 00	19,500 00	11,500 00	28,000 00	25,820 89 ²	2,200 00	311,211 49
Wrentham School, . . .	845	600	67,686 00	36,155 00	11,849 00	3,775 00	13,625 00	6,357 00	19,857 00	9,905 00	1,400 00	170,609 00
Totals, . . .	15,510	14,775	\$1,722,532 80	\$962,373 98	\$142,159 00	\$148,820 30	\$328,313 00	\$192,633 00	\$277,738 00	\$245,730 64	\$20,497 00	\$4,040,787 72
Expenses, 1914, . . .	-	-	\$1,522,437 03	\$818,279 66	\$120,124 44	\$140,336 45	\$333,901 23	\$171,930 11	\$230,624 08	\$236,133 58	\$16,042 75	\$3,599,809 33
Increase in estimate for 1915, .	735	-	\$199,095 77	\$144,094 32	\$13,034 56	\$8,483 85	\$5,588 23 ³	\$20,702 89	\$47,103 92	\$9,597 06	\$4,454 25	\$40,978 39
Receipts in treasury December 1.	-	-	-	-	-	-	-	-	-	-	-	\$400,528 11
Total amount requested by trustees in addition to receipts.	-	-	-	-	-	-	-	-	-	-	-	\$3,640,259 61

¹ Includes Psychopathic Department.² Includes sewage disposal, \$820.89.³ Decrease.

ESTIMATES FOR SPECIAL APPROPRIATIONS

for the State institutions under the control of this Board, together with plans and specifications, have been prepared in accordance with section 4 of chapter 762 of the Acts of 1914, and are classified below: —

Northampton State Hospital.

Purchase of land and buildings,	\$20,000
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Danvers State Hospital.

Constructing and furnishing nurses' home, to accommodate 61 men and married couples,	\$47,000
Constructing storehouse and service building,	47,000
Constructing and furnishing industrial building,	26,000
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	\$120,000

Westborough State Hospital.

Remodeling, renovating and refurnishing female wards 1, 2, 4 and 5,	\$27,500
Constructing fireproof vaults and alterations in administration building necessitated thereby,	5,400
	<hr/>
	\$32,900

Boston State Hospital.

Constructing and furnishing male infirmary building, to accommodate 324 patients and 30 nurses,	\$300,000
Constructing and furnishing women's custodial building, to accommodate 126 patients and 4 nurses,	127,000
Constructing and furnishing nurses' home, west group, to accommodate 84 nurses,	65,000
Constructing horse stable (\$11,400), two cow barns and milk house (\$11,700), and hay barn (\$9,900),	33,000
Sewer and water service extension,	5,000
Constructing and furnishing industrial building,	37,000
Purchase of carpenter shop equipment (\$1,500), trees and shrubbery (\$500),	2,000
Fire alarm and protection,	2,500
Removing and repairing piggery and ice house,	4,000
Constructing fire escapes,	1,550
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	\$577,050

Worcester State Asylum.

Extension of hot and cold water system,	\$5,000
Completing dining room and service building at Elms,	14,000
Purchase of Sinclair farm,	10,000
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	\$29,000

Medfield State Hospital.

Constructing and furnishing dispensary building,	\$30,000
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Gardner State Colony.

Permanent system of sewerage,	\$6,400
Purchase of Ray farm,	8,000
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	\$14,400

Monson State Hospital.

Enlargement of administration building,	\$35,000
Increasing the supply of surface water,	4,000
Purchase of electric outfit,	7,000
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	\$46,000

Foxborough State Hospital.

Connecting corridors with dining rooms, in connection with four present ward buildings and acute service building,	\$56,000
Constructing and furnishing a building, to accommodate 75 patients, for the acute insane,	70,000
New toilet and bath accommodations in three of the present buildings (at \$4,000 per each building),	12,000
Constructing and furnishing three cottages, to accommodate 25 each, for nurses, attendants and other employees,	33,450
Changes in heating, etc.,	10,790
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	\$182,240

Massachusetts School for the Feeble-minded.

Constructing barn, silo and hay barn at Templeton Colony,	\$3,500
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Wrentham State School.

Constructing and furnishing two dormitories, to accommodate 210 inmates,	\$102,000
Constructing and furnishing home, to accommodate 21 officers and teachers,	34,000
Constructing and furnishing home, to accommodate 22 employees,	14,500
Constructing farmer's cottage,	3,600

Constructing and furnishing industrial building, . . .	\$22,000
Constructing vegetable cellar,	4,800
Installing two boilers,	6,000
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	\$186,900

SUMMARY OF RECOMMENDATIONS FOR SPECIAL APPROPRIATIONS.

Insane.

Constructing, furnishing and equipping buildings for patients and nurses,	\$642,450
Number of patients provided for,	525
Average per capita cost,	\$898 29
Number of nurses provided for,	254
Average per capita cost,	\$672 80
Patients and nurses provided for,	779
Average per capita cost,	\$824 71
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	386,140
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Total,	\$1,028,590

Feeble-minded.

Constructing, furnishing and equipping buildings for patients and nurses,	\$116,500
Number of patients provided for,	210
Average per capita cost,	\$485 71
Number of nurses provided for,	22
Average per capita cost,	\$659 09
Patients and nurses provided for,	232
Average per capita cost,	\$502 15
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	73,900
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Total,	\$190,400

Epileptic (Sane).

Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$23,000
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All Classes.

Constructing, furnishing and equipping buildings for patients and nurses,	\$758,950
Number of patients provided for,	735
Average per capita cost,	\$780 35

All Classes — Concluded.

Number of nurses provided for,	276
Average per capita cost,	\$671 70
Patients and nurses provided for,	1,011
Average per capita cost,	\$750 69
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$483,040
Total,	\$1,241,990

RECOMMENDATIONS FOR LEGISLATION.

The Board submits the following summary of recommendations: —

1. Making the Foxborough State Hospital a receiving hospital for the insane.

2. Changing the character of the Worcester State Asylum to a receiving hospital for the insane, and changing its name to "Grafton State Hospital;" and the appointment of a new board of trustees, leaving the present board of trustees in charge of the Worcester State Hospital only.

3. Purchase of land as an adjunct to the Northampton Hospital, to provide for the insane in the western part of the State.

AN ACT TO MAKE THE FOXBOROUGH STATE HOSPITAL A STATE HOSPITAL FOR THE INSANE.

Be it enacted, etc., as follows:

SECTION 1. The Foxborough state hospital is hereby made a hospital for the care of the insane and shall be subject to all the provisions of law applicable to such hospitals.

SECTION 2. This act shall take effect upon its passage.

AN ACT TO MAKE THE WORCESTER STATE ASYLUM A HOSPITAL FOR THE INSANE, AND TO CHANGE ITS NAME.

Be it enacted, etc., as follows:

SECTION 1. The Worcester state asylum is hereby made a state hospital for the care of the insane and shall be subject to all provisions of law applicable to such state hospitals.

SECTION 2. The name of the Worcester state asylum is hereby changed to the Grafton state hospital.

SECTION 3. Section fourteen of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the words "Worcester state asylum" and inserting in place thereof the words: — Grafton state hospital.

SECTION 4. On or before August first, nineteen hundred and fifteen, the governor, with the advice and consent of the council, shall appoint seven persons, five of whom shall be men and two of whom shall be women, who shall constitute the board of trustees of the Grafton state hospital, and who shall hold their offices, one until the first Wednesday of February, nineteen hundred and sixteen; one until the first Wednesday of February, nineteen hundred and seventeen; one until the first Wednesday of February, nineteen hundred and eighteen; one until the first Wednesday of February, nineteen hundred and nineteen; one until the first Wednesday of February, nineteen hundred and twenty; one until the first Wednesday of February, nineteen hundred and twenty-one; one until the first Wednesday of February, nineteen hundred and twenty-two, or until their successors shall be appointed and qualified. Said trustees shall have all the power and authority over the Grafton state hospital now exercised by the present trustees of the Worcester state hospital and the Worcester state asylum, and shall be subject to all the provisions of law relating to trustees of state hospitals for the care of the insane, but the trustees of the Worcester state hospital and the Worcester state asylum shall continue to exercise the duties of trustees of the Grafton state hospital until their successors are duly appointed and qualified, as hereinbefore provided, and thereafter shall exercise the duties of trustees of the Worcester state hospital only.

SECTION 5. This act shall take effect upon its passage.

FINANCIAL STATEMENT.

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1914.

APPROPRIATIONS AND RECEIPTS.							
	Balance brought forward by State Auditor.	Appropriations.	CASH RECEIPTS ON ACCOUNT OF —				Totals.
			Family Care.	State Institutions.	Refunds.	Interest on Bank Account.	
Traveling, office and contingent expenses,	—	\$10,750 00	—	—	\$31 15	—	\$10,781 15
Salaries and wages of officers and employees,	—	48,200 00	—	—	—	—	48,200 00
Transportation and medical examination of State charges,	—	14,500 00	—	—	7 76	—	14,507 76
Support of State charges boarded out in families,	—	46,000 00	—	—	—	—	46,000 00
Support of State charges in Hospital Cottages for Children,	—	10,500 00	—	—	—	—	10,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof. Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911. To provide for investigation of social service work for prevention of insanity and subsequent care of the mentally ill, chapter 841, Acts of 1913.	\$39,603 76 200 00	2,500 00 — —	— — —	— — —	— — —	— — —	2,500 00 39,603 76 200 00
For the purchase of land for the establishment of a hospital for the insane of the metropolitan district, chapter 140, Resolves of 1914. Cash received in reimbursement for the support of patients,	—	100,000 00	—	—	—	—	100,000 00
	—	—	\$1,604 65	\$43,219 15	—	\$65 91	44,889 71
	\$39,803 76	\$232,450 00	\$1,604 65	\$43,219 15	\$38 91	\$65 91	\$317,182 38

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1914 — Concluded.

	EXPENDITURES AND REMITTANCES.				
	Expenditures from Ap-propriations.	Balance.	Paid to State Institutions.	Paid to State Treasurer.	Totals.
Traveling, office and contingent expenses,	\$10,444 27	\$336 88	-	-	\$10,781 15
Salaries and wages of officers and employees,	44,370 83	3,829 17	-	-	48,200 00
Transportation and medical examination of State charges,	13,497 26	1,010 50	-	-	14,507 76
Support of State charges boarded out in families,	43,794 37	2,205 63	-	-	46,000 00
Support of State charges in Hospital Cottages for Children,	9,760 80	739 20	-	-	10,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof.	2,498 17	1 83	-	-	2,500 00
Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911.	35,800 00	3,803 76	-	-	39,603 76
To provide for investigation of social service work for prevention of insanity and subsequent care of the mentally ill, chapter 841, Acts of 1913.	-	200 00	-	-	200 00
For the purchase of land for the establishment of a hospital for the insane of the metropolitan district, chapter 140, Resolves of 1914.	-	100,000 00	-	-	100,000 00
Payments of cash received in reimbursement for the support of patients,	-	-	\$43,219 15	\$1,670 56	44,889 71
	\$100,105 70	\$112,126 97	\$43,219 15	\$1,670 56	\$317,182 38

FAMILY CARE OF THE INSANE UNDER THE STATE BOARD.

Under chapter 504, section 71, Acts of 1909, the Board places in private families certain suitable inmates of the institutions under its supervision. For a full report of this work as conducted by the Board and by the trustees of certain institutions, see page 123.

THE SUPPORT DEPARTMENT.

It is the duty of this department to ascertain whether the patients committed to the various State hospitals for the insane, and also the institutions for the epileptic and feeble-minded, as public charges have a legal right to remain in said institutions. If they are aliens and have no such right, and have landed in the United States within three years of their commitment, investigation is made as to the liability of their deportation by the United States Immigration authorities, and the result of such investigation is reported to the deportation department of the Board. If in the United States more than three years and in Massachusetts less than five years, such aliens are reported to the deportation department for deportation by this Board. Under the provisions of section 69 of chapter 504 of the Acts of 1909 "the board may also remove any pauper inmates of institutions under its supervision who are not subject to the orders of a court to any country, State or place where they belong." If native-born and having no claim upon this Commonwealth for support, investigation is made to determine upon what State, if any, they have a claim, and when so determined this is also reported to the deportation department for their action.

The financial condition of those entitled to remain is investigated, and if there are means legally available and sufficient to warrant it, the patient is reported to the hospital, to be supported privately at a rate to be determined by the hospital authorities. If the means are not sufficient for that purpose, a reimbursing rate is made by this department and submitted to the Board for approval.

In carrying out this work the visitors have made during the year ending Nov. 30, 1914, 119 visits to the hospitals, and have

taken at the hospitals 3,411 histories. They have also made 1,631 visits to relatives and others for investigation.

The following statement shows in detail the work of the department: —

Support Cases.

Cases pending Nov. 30, 1913,	348	
New cases,	643	
	<hr/>	991
Made private,	86	
Made reimbursing,	297	
Accepted as State charges,	212	
Pending Nov. 30, 1914,	396	
	<hr/>	991

Private Cases.

Cases pending Nov. 30, 1913,	22	
New cases reported to the hospitals,	102	
	<hr/>	124
Reported by hospitals as having been made private,	86	
Made reimbursing,	5	
Dropped, accepted as State charges,	10	
Pending Nov. 30, 1914,	23	
	<hr/>	124

Reimbursing Cases.

Cases remaining Nov. 30, 1913,	784	
New cases,	297	
	<hr/>	1,081
Made private of the above,	4	
Died,	70	
Discharged or on visit Nov. 30, 1914,	162	
Dropped, accepted as State charges,	104	
Remaining in hospitals Nov. 30, 1914,	741	
	<hr/>	1,081

Number and Board Rates of Reimbursing Patients for the Year ending Nov. 30, 1914.

INSTITUTION.	DAILY AVERAGE NUMBER.		Average Weekly Per Capita Rate.	NUMBER OCT. 1, 1914.		UNITED STATES DEPORTATION CASES.	
	Males.	Females.		Males.	Females.	Daily Average Number.	Average Weekly Per Capita Rate.
Worcester Hospital,	39.65	51.39	\$3.44	34	58	.95	\$5.00
Taunton Hospital,	30.50	38.43	3.70	31	44	.95	6.39
Northampton Hospital,	37.75	48.27	3.14	40	60	.08	5.00
Danvers Hospital,	43.82	96.96	3.40	40	92	.12	5.00
Westborough Hospital,	31.43	60.18	3.41	31	61	.45	5.00
Boston Hospital,	20.16	53.39	3.34	19	62	1.19	14.00 ¹
Worcester Asylum,	24.31	35.49	3.05	22	21	-	-
Medfield Hospital,	12.49	26.75	3.30	14	30	-	-
Gardner Colony,	6.71	1.41	3.10	5	4	-	-
Monson Hospital,	10.60	14.91	2.66	13	22	-	-
Foxborough Hospital,	9.78	-	3.85	10	-	-	-
School for the Feeble-minded at Waltham,	6.12	2.71	3.42	3	4	.16	5.00
Wrentham School,	2.81	3.41	2.10	3	5	.29	5.00
Mental wards, State Infirmary,	-	3.23	3.71	-	3	.04	5.00
Bridgewater Hospital,	2.50	-	3.04	6	-	-	-
Family care,	-	10.63	2.90	-	16	-	-
Totals,	278.62	447.45	\$3.42	271	482	4.22	-

¹ Rate at \$2 per day for special United States cases, by arrangement with Immigration Department.

Receipts for Support of Reimbursing Patients.

LOCATION OF PATIENTS.	Year ending Nov. 30, 1913.	Year ending Nov. 30, 1914.	Total since Jan. 1, 1904.
Worcester Hospital,	\$21,752 07	\$17,249 81	\$175,506 76
Taunton Hospital,	13,423 51	13,638 40	129,528 47
Northampton Hospital,	15,441 97	14,287 10	133,783 48
Danvers Hospital,	23,318 84	25,540 37	223,444 82
Westborough Hospital,	15,998 13	16,448 37	134,743 31
Boston Hospital,	12,238 58	13,668 07	65,152 33
Worcester Asylum,	8,067 59	9,362 36	65,811 49
Medfield Hospital,	11,817 36	8,443 21	88,638 64
Gardner Colony,	1,041 71	1,307 03	10,604 64
Bridgewater Hospital,	1,053 66	394 57	4,891 64
Monson Hospital,	3,886 06	3,527 28	26,187 41
Foxborough Hospital,	844 96	1,958 18	7,066 93
School for the Feeble-minded at Waltham,	530 96	1,613 44	5,613 56
Wrentham School,	826 08	855 73	2,394 83
Mental Wards, State Infirmary,	1,019 50	633 28	11,180 93
Hospital Cottages,	6 67	-	673 37
Family care,	1,841 26	1,604 65	10,974 95
Foxborough (labor),	709 32	139 72	3,370 45
Almshouses,	-	-	923 66
Totals,	\$133,818 23	\$130,671 57	\$1,100,491 67

Average Number and Percentages of State, Reimbursing and Private Patients during the Year ending Sept. 30, 1914.

	STATE.		REIMBURSING.		PRIVATE.		Total Average Number.
	Average Number.	Percentage.	Average Number.	Percentage.	Average Number.	Percentage.	
Insane: —							
Public institutions, ¹	11,912	89.08	683	5.11	777	5.81	13,372
Family care,	262	82.13	18	5.64	39	12.23	319
Totals, public,	12,174	88.92	701	5.12	816	5.96	13,691
Private institutions,	-	-	-	-	429	-	429
Totals, public and private,	12,174	86.22	701	4.96	1,245	8.82	14,120
Other classes: —							
Public institutions, ²	2,623	96.50	32	1.18	63	2.32	2,718
Private institutions,	-	-	-	-	67	-	67
Totals, public and private,	2,623	94.18	32	1.15	130	4.67	2,785
Insane and other classes,	14,797	87.53	733	4.34	1,375	8.13	16,905

¹ Includes voluntary sane patients, inebriate women, etc.² Includes feeble-minded and sane epileptics.

DEPORTATIONS.

There were considered for deportation 440 cases, compared with 442 for the previous year. The Board deported 80 to other States, 82 to other countries, — in all, 162. In addition, the United States Immigration Commissioner deported 121. Altogether, 283 have been deported since Dec. 1, 1913.

Since Oct. 1, 1898, 2,090 persons have been deported by the Board, of whom 59 returned once, 12 twice and one four times. Of those returning, 11 are now in institutions in this State.

Details of the disposition of cases under consideration for deportation are shown in the following table: —

	STATE BOARD.			UNITED STATES IMMIGRATION COMMISSIONER.			TOTALS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	1913.	1914.	Increase.
Cases pending Nov. 30, 1913,	50	27	77	5	4	9	55	31	86	86	86	-
Since reported,	137	68	205	88	61	149	225	129	354	356	354	21
Total cases under investigation,	187	95	282	93	65	158	280	160	440	442	440	21
Deported,	114	48	162	76	45	121	190	93	283	274	283	9
Viz.: Other States,	48	32	80	-	-	-	48	32	80	69	80	11
Other countries,	66	16	82	41	24	65	107	40	147	205	147	581
Special cases not landed under immigration laws, and pending deportation,	-	-	-	35	21	56	35	21	56	-	56	56
Discharged,	15	4	19	-	-	-	15	4	19	36	19	171
Viz.: Care of friends,	12	4	16	-	-	-	12	4	16	30	16	141
Escaped,	2	-	2	-	-	-	2	-	2	3	2	11
Returned to penal institutions,	1	2	3	1	-	1	1	-	1	3	1	21
Died,	7	1	8	7	10	17	8	14	22	17	22	5
Withdrawn,	1	4	5	-	-	-	1	4	5	4	5	1
Viz.: Private patients,	1	4	5	-	-	-	1	4	5	1	1	11
United States cases,	-	-	-	-	-	-	-	-	-	1	-	1
Rejected by Immigration Commissioner,	-	-	-	7	10	17	7	10	17	12	17	5
Dropped from further consideration,	12	10	22	-	-	-	12	10	22	24	22	21
Viz.: impracticable to deport,	7	4	11	-	-	-	7	4	11	16	11	51
No place to go,	5	6	11	-	-	-	5	6	11	8	11	31
Total cases closed,	149	68	217	84	55	139	233	123	356	356	356	-
Cases pending Nov. 30, 1914,	38	27	65	9	10	19	47	37	84	86	84	21
Viz.: Under sentence,	11	11	22	-	-	-	11	-	11	10	11	1
Not in condition to deport,	2	7	9	3	5	8	5	9	14	12	14	2
Awaiting action,	25	20	45	6	8	14	31	28	59	64	59	51

1 Decrease.

TRANSFERS.

Six hundred and fifty-two patients have been transferred within the year: 494 between public institutions; 99 between public institutions and families; 41 between public and private institutions; and 18 between private institutions.

THE FINANCIAL DEPARTMENT.

The financial transactions of the institutions are scrutinized and analyzed by this department. It seeks the installation and practice of such methods of purchase, storage and distribution of supplies as will promote the best results, combined with reasonable economy. The following, in conjunction with tables appearing on page 245, is hereby respectfully submitted in reporting such activities for the last fiscal year: —

The entire group of institutions spent \$4,700,611. This sum should be divided into two classes, that known as "Special Appropriations," under which \$1,100,802 was expended, and "Maintenance Appropriations," under which the expenditure amounted to \$3,599,809.

SPECIAL APPROPRIATIONS.

An exhibit of the classified expenditure under this head may be found on page 273 under the heading "Table No. 8, General Statement of Special Appropriations." These sums are granted by the Legislature and expended by the institutions for additions and extensions of plant, and therefore conduce to the increase of the State's capital investment in real, mixed and personal property. Most of this money is devoted to building operations, and is paid under contract to architects, builders and the various classes of mechanics. These contracts are usually awarded after competitive bids have been invited, and generally cover all the work incident to the erection of the building.

MAINTENANCE APPROPRIATIONS.

The large sum expended under this heading is treated herein in more detail, as it is more diverse in its nature and covers the purchase of all classes of merchandise. See "Table No. 5, Expenses for Maintenance," page 260. The main groups of expenditure are as follows: —

Salaries, wages and labor,	\$1,523,437 03
Food,	818,279 66
Clothing and clothing material,	129,124 44
Furnishings,	140,336 45
Heat, light and power,	333,901 23
Repairs and improvements,	171,930 11
Farm, stable and grounds,	230,624 08
Miscellaneous,	252,176 33
<hr/>	
Total,	\$3,599,809 33

Food.

Butter. — Quantity purchased, 326,000 pounds, cost, \$81,288; average rate per pound, \$0.249; average quantity given per diem, .789 ounces.

On July 8 bids were opened for supplying all of the institutions. Fourteen were received, and the award was in each instance to the lowest bidder. It should not, however, be understood that the lowest bidder was one and the same firm for each institution, as it seldom occurs that one concern or individual bids the lowest for the entire amount of business involved. The relative location of the firm to the hospitals bid upon must of necessity influence the price. In each instance the grade of butter called for was that known as "creamery extras" or "creamery firsts" for the majority of the institutions and a small quantity of renovated for four. The quotations of the Boston Chamber of Commerce for the year show the average price on "creamery western firsts" to be \$0.272, or \$0.023 more than that paid by the institutions. Each award was on a formally executed contract accompanied by a bond. It is a feature of all these institution bonds that no personal sureties are accepted.

Butterine. — Quantity purchased, 238,294 pounds, cost, \$34,737; average rate per pound, \$0.145; average quantity given per diem, .577 ounces.

Ten institutions purchased this commodity and three did not. One of the latter group used creamery firsts throughout the entire institution. The other two used renovated butter. Each institution bought butterine individually, and the prices paid ranged from \$0.117, paid by Medfield, to \$0.1753, paid by Danvers. Each of the large manufacturers of butterine makes

three or four grades. During the year this department has submitted to the Board's chemical laboratory samples. These samples have been collected from stock on hand at the various institutions and from the dealers. The following is a sample of the form of report on the same: —

*Sample No. 617. Oleomargarine received from Worcester State Hospital
July 3, 1914.*

Moisture,	8.33 per cent.
Salt,	1.10 per cent.
Halphen's test indicates cotton-seed oil,	9.00 per cent.
Reichert-Meißl Number,	2.70 per cent.
Appears to contain real butter about,	9.50 per cent.

A collation of the data which have accumulated seems to indicate that the price of butterine is regulated at least to some extent by the quantity of butter fat which the article contains.

Previous to this the institutions have been buying different grades at different prices. Among the stewards and the representative of the Board of Insanity much discussion has been held in the past relative to the advisability of agreeing on a uniform formula to be common among all the institutions, and to be the basis upon which a combination competitive purchase should be effected. At a meeting of the purchasing agents held August 12 the following specifications for butterine were submitted by the chemist of the Board and accepted by the institutions: "The product is to be a good grade of oleomargarine made from neutral lard and oleo oil; to contain a minimum of 10 per cent. butter fat derived from sound butter, cream of milk; to contain not over 10 per cent. of vegetable oil; to contain not less than 2 nor more than 3 per cent. of salt, and not over 12 per cent. of water in the finished product. The palatability of the product would be considered in making the award."

Inasmuch as two of the institutions had at that time contracts in force which would not expire until the close of the fiscal year, it was voted that no advertisements for a combination purchase should be put forth until the succeeding year. Therefore the results of the research work and the possible saving effected by a combination purchase will be demonstrated later.

Beans. — Quantity purchased, 5,355 bushels, cost, \$12,722; institution farms produced 176 bushels; average rate paid per bushel, \$2.375; average quantity given per diem, .8038 ounces.

It was the concensus of opinion among the purchasing agents that beans could be bought to the best advantage in December, and that a saving could be obtained by combining the requirements of all the institutions. Therefore requests for bids were sent out. There were five competitors. The award was divided between two concerns, and was in each case to the lowest bidder by the institution purchasing. The average rate paid was \$2.375 per bushel. The average market quotation for the year on New York, hand-picked pea beans was \$2.38. The concerns receiving the award executed contracts and bonds which are on file with this department. Curiosity existed as to why more bids were not received. An inquiry among the dealers revealed the fact that several of them did not care to bid, as the order was larger than they wished to handle.

Bread and Crackers. — Spent during year, \$4,623.

The institutions make their own bread and buy their crackers individually, although the possibility of buying the commoner grades in combination has been discussed.

Cereals. — Quantity purchased, 657,100 pounds, cost, \$17,869; average rate paid per pound, \$0.028; average quantity given per diem, 1.59 ounces.

The financial agent of the Board has co-operated with the purchasing agents of the institutions in investigating the best method of buying many different kinds and brands of cereals. The result of the research seems to be that a carload lot is the commercial unit, and that a purchase in this quantity secures the lowest obtainable price. Each of the institutions, with one possible exception, is a sufficiently large purchaser to make carload buying feasible. Therefore it has not been demonstrated that combined buying would secure economy.

Cheese. — Quantity purchased, 59,176 pounds, cost, \$8,327; average rate per pound, \$0.146; average quantity given per diem, .143 ounces.

The institutions buy individually.

Eggs. — Quantity purchased, 197,825 dozen, cost, \$45,480; produced by institution farms, 53,419 dozen; total purchased

and produced, 251,244 dozen; average cost per dozen of purchases, \$0.229; average quantity given per diem, 1.144 ounces.

A scrutiny of market fluctuations for a series of years shows eggs to be usually cheapest in April and May, and acting on this knowledge on April 22 bids were requested for a year's supply for the various institutions. Requests were sent broadcast to dealers. Eleven responses were received, the bids showing a maximum variation of only $1\frac{1}{2}$ cents. The awards were to the lowest bidders, and the entire amount was divided among three concerns, two in Boston and one in Worcester. Contracts and bonds were required in each instance, and duly filed.

The average wholesale market quotation on western firsts was \$0.2625. The institutions purchased western prime firsts at \$0.229.

Fish. — Quantity purchased, 643,842 pounds, cost, \$33,431; average rate per pound, \$0.052; average quantity given per diem, 1.559 ounces.

The institutions did not purchase in combination. In many instances an institution has a contract covering the entire year. Others buy on bids for a shorter period. Although the subject has been considered and investigated it has not yet been determined if any one concern would care to supply the wants of the entire group of institutions, or that, if one concern should desire to do so, a saving would be effected or the needs of the institutions would be promptly supplied. Further consideration of this matter may result in a different method of buying.

Flour. — Quantity purchased, 19,604 barrels, cost, \$87,694; average rate paid per barrel, \$4.496; average quantity given per diem, 9.307 ounces.

In 1913 flour was bought on chemical specifications which described the grade known to the millers as "third." The use of this flour proved it to be not of a sufficiently good quality for the institutions. It was, therefore, agreed to remodel the specifications so that they would call for and describe a flour such as is known to the manufacturers as "seconds." These specifications as prepared by the chemist were as follows: "Not to be over a 95 per cent. patent (that is, no patent off and at

least 5 per cent. low grade out), the water content not over 13 per cent., ash not more than 49 per cent., acidity not higher than 20 per cent. (calculated as lactic acid), protein ($N \times 6.25$) not less than 12 per cent.” The insertion of an advertisement in the daily papers produced bids from sixteen dealers on eighteen brands of flour. It was required that a certified check for 4 per cent. of the amount of the contract should accompany each bid. Samples of the flour bid upon were required to be sent in advance, in order that the chemist before alluded to should have a pre-opportunity to make an analysis and submit the result of his analyses at the opening of the bids. Seven of the eighteen samples submitted were immediately rejected for non-compliance with specifications. The award was not to the lowest bidder, as the report of the chemist indicated that the flour next to the lowest in price showed a considerably better analysis, and was in his judgment a more advantageous purchase. Sixty-two samples of the flour as delivered were analyzed from time to time, and in the few instances where they failed to comply with the specifications an adjustment was made with the dealers.

It seems to be a generally accepted opinion among the institutions that the purchase in combination of a uniform grade of flour produces a saving. Also, it seems to have been demonstrated that it is necessary to analyze flour as delivered in order to insure conformity with specifications.

It is impossible to make a comparison of the price paid with the market quotations, as the latter are on so many different qualities of flour which do not exactly correspond with that purchased.

Fruit (Dried and Fresh). — Total expenditure, \$30,872.

The institution farms produce a large quantity of fresh fruit for their own consumption. Therefore the purchases aside from this are very small. Combination purchases were effected on —

Evaporated apples at \$0.06 for choice, \$0.05 $\frac{5}{8}$ for prime.

Evaporated apricots at \$0.07 $\frac{3}{4}$.

Evaporated peaches at \$0.05 for choice, \$0.075 for fancy.

Prunes, $\frac{5}{8}$'s, \$0.0725; $\frac{7}{8}$'s, \$0.065; $\frac{9}{8}$'s, \$0.06.

As in the case of beans, there seemed to be a great scarcity of bids, as proposals were submitted to twenty-three different

dealers, from whom only eight bids were received. The reason ascribed by the dealers for their reluctance was the uncertainty of the future trend of the market and the bulkiness of the order.

Meat. — Quantity purchased, 2,230,999 pounds, cost, \$254,361; produced, 434,852 pounds, making a total of 2,665,851; average rate paid per pound for meat purchased, \$0.114; average quantity given per diem, 6.457 ounces. The expenditure of \$254,361 is divided as follows: —

Beef, 1,630,568 pounds; cost, \$176,758; average rate per pound, \$0.108.

Lamb, mutton and veal, 275,115 pounds; cost, \$29,441; average rate per pound, \$0.107.

Pork, 242,922 pounds; cost, \$32,160; average rate per pound, \$0.132.

Venison, 1,959 pounds; cost, \$178; average rate per pound, \$0.09.

Being a quickly perishable product meat is necessarily purchased in small quantities. No concerted purchases are made, nor is there any attempt to buy in advance and hold in cold storage for future needs except for very short periods. In other States contracts have been made for the supply of meat to all or a group of institutions for a specified period, — three months, a year, etc. These contracts call for certain cuts from cattle having a specified weight. Investigation, however, has shown that much confusion and inconvenience have resulted from the workings of these contracts. An institution receiving an unsatisfactory shipment of meat which is below its specifications is, in the nature of things, placed at a great inconvenience if it rejects and returns such shipments. Many of the institutions are situated somewhat remotely from the large markets, and the quick purchase of a supply of meat to take the place of the rejected shipment is in many instances an impossibility.

A lengthy and careful study of the situation tends to the conclusion that no one center or concern seems to be able to advantageously furnish meat to all of the institutions in this widely scattered group, and I think it is the opinion of the institution purchasing agents themselves that there is a great advantage in their being able to personally select the meat which they are to receive.

Milk. — The herds at the several institutions supply most of the milk consumed, namely, 3,596,905 quarts. However, in

addition it was necessary to purchase 313,132 quarts, costing \$18,526; average rate per quart, \$0.059; average quantity given per diem, 1.1839 pints.

The purchases are in comparison very small, and seem to be most advantageously made by the institutions individually.

Molasses and Syrup. — Total expenditure, \$6,009.

Molasses: Quantity purchased, 14,460 gallons, cost, \$2,875; average rate per gallon, \$0.198; average quantity given per diem, .017 pint.

Sugar syrup: Quantity purchased, 12,053 gallons, cost, \$2,849; average rate per gallon, \$0.236; average quantity given per diem, .014 pint.

Of both molasses and syrup the institutions make individual purchases. They buy different grades at varying prices. Thirty-seven chemical analyses have been made of both these commodities and the results distributed to the institutions. Some adulterated products have been found of many kinds and of different merit. It is the opinion of the financial agent, the chemist and many of the purchasing agents that standards may be established which will meet the needs of the whole group. When this standard shall have been adopted it is believed that a combination purchase will effect a saving in price.

Potatoes. — The institution farms produced 25,711 bushels, in addition to which they bought 38,015 bushels costing \$28,219; average rate per bushel of purchases, \$0.742; average quantity given per diem, 9.26 ounces.

In previous years the institutions have united in making purchases, not, however, in the opinion of those interested, to their advantage. One year a representative of one of the institutions investigated the matter in the Aroostook County potato field, and from the information obtained it was decided that no advantage accrued from the increased size of an order. Therefore since then, although the matter has been brought up from year to year, the institutions have not united in buying.

Granulated Sugar. — Quantity purchased, 930,124 pounds, costing \$40,718; average rate paid per hundred-weight, \$4.377; average quantity given per diem, 2.253 ounces.

As has been stated in previous reports of this department, a carload is the wholesale commercial unit on which sugar is bought, and by increasing an order beyond this amount no advantage may be obtained. Each of the institutions has needs sufficiently large to obtain this discount. Therefore it is felt that the maximum discount and minimum price is being obtained.

Brown Sugar. — In addition to the above there was an expenditure of \$4,210 for the purchase of brown sugar. These are small individual purchases.

Coffee. — Quantity purchased, 122,248 pounds, costing \$16,618; average rate per pound, \$0.136; average quantity given per diem, .296 ounce.

In February, 1911, quotations were obtained for a combination purchase for the institutions, but as it was found that no advantage accrued, no purchase was made.

Tea. — Quantity purchased, 74,123 pounds, costing \$11,783; average rate per pound, \$0.159; average quantity given per diem, .179 ounce.

Each institution buys its own supply.

The following table shows the quantity of staple commodities given at each institution:—

	Total Meats (Ounces).	Eggs (Ounces).	Fish (Ounces).	Beans (Ounces).	Total Meat, Eggs, Fish and Beans (Ounces).	Flour (Ounces).	Cereals (Ounces).	Potato (Ounces).	Butter and Butter- line (Ounces).	Cheese (Ounces).	Milk (Pints).	Tea (Ounces).	Coffee (Ounces).	Granulated Sugar (Ounces).	Brown Sugar (Ounces).	Molasses (Pints).	Syrup (Pints).
Worcester Hospital,	8.1714	1.2447	1.7083	.3602	1.8711	9.1632	1.4578	11.4516	1.5808	.1817	1.5141	.0762	.2181	2.4370	.0508	.0364	.0106
Taunton Hospital,	6.1488	.7086	1.7416	1.0285	2.4218	10.1380	.9397	5.2175	1.3819	.0491	.9088	.2770	.3800	2.4281	.1512	.0144	.0078
Northampton Hospital,	8.1098	2.6518	1.5658	.6412	3.2421	6.4260	1.8141	16.1430	1.3876	.0938	1.5549	.1492	.4330	3.0519	.0231	.0132	.0129
Danvers Hospital,	5.4979	.8214	1.5266	1.3966	2.3106	10.5372	1.3245	10.7865	1.2850	.1300	1.0472	.1014	.2812	2.2439	.0006	.0141	.0265
Westborough Hospital,	8.3939	1.9910	2.1355	.9242	3.3611	7.2528	2.0884	8.0861	1.3064	.0339	1.1126	.1059	.2777	2.0190	.8347	.0249	.0080
Boston Hospital,	6.4387	2.1441	1.4333	.8290	2.7112	9.1893	1.4123	11.8157	1.5574	.1867	.8842	.2565	.4227	2.8543	.0053	.0136	-
Worcester Asylum,	6.2426	.6442	1.6024	.7992	2.3221	8.7059	1.2473	6.4256	1.2661	.1719	1.0734	.2393	.3189	1.6258	.2518	.0094	.0101
Medfield Hospital,	6.0268	.5766	1.5220	.5070	2.1581	10.2062	1.6897	9.5908	1.7944	.4186	1.5441	.3714	.3703	2.8648	.2285	.0102	.0021
Gardner Colony,	5.2237	-	1.9660	.9678	2.7191	14.1482	1.4908	-	1.1390	.0410	1.0582	.1950	.2530	1.0109	-	.0186	.0047
Monson Hospital,	5.7089	1.2490	1.5414	.3458	2.2112	8.0870	1.9685	10.8321	1.4121	.0325	1.3451	.0632	.1530	2.1972	.0441	.0212	.0077
Foxborough Hospital,	8.4675	1.1477	1.4921	1.3502	3.1143	13.2279	2.1222	-	1.2683	.1557	.8892	.1290	.4861	2.0915	1.0478	.0105	.0087
Massachusetts School for the Feeble-minded,	4.8734	.5366	.8553	.4215	1.6717	9.8662	2.4252	5.1214	1.0979	-	1.1633	.0444	.0709	1.3009	.7262	.0098	.0507
Wrentham School,	4.0802	.3318	1.3215	1.6085	1.8355	11.6799	2.0185	9.0148	.8703	.0280	.9581	.0261	.0983	1.9544	.0063	.0239	.0379
Totals,	6.3872	1.1321	1.5596	.7871	2.4605	11.1265	1.0485	9.7425	1.3772	.1388	1.1839	.1697	.2871	2.2062	.2404	.0174	.0144

Clothing and Clothing Material.

A percentage of the clothing used at the institutions is made in their industrial and sewing rooms. It is required by statute that such purchases as are made must necessarily be of prison manufacture, except where the prisons are unable to meet the institution requirements. The prices to be paid are agreed upon at a conference of the Prison Commission, the Board of Insanity and the institutions concerned. A purchase in the open market, therefore, is a very rare thing.

Furnishings.

What has been remarked relative to clothing applies to an extent to furnishings. Some of the institutions supply in their own workrooms a greater or lesser proportion of their needs. A conspicuous exception to the above occurs in the case of *cotton cloth*, which is used for both clothing and furnishings. As in the case of other purchases, it seemed that economies could be effected by the adoption of a standard quality of cotton, and the purchase in combination of a quantity sufficient to supply the institutions for a year. A committee of purchasing agents was appointed to investigate this matter, and requested information from seven well-known wholesale houses as to the advisability of standardizing on cottons and purchasing the same in combination. Five of the concerns expressed the opinion that the institutions would obtain no advantage. In spite of the fact that the consensus of opinion was adverse to the purchase, the buyers of the institutions concluded to ask for quotations in combination. Although it was discovered to be difficult to secure the quality of goods desired, it was decided to ask for bids on a standard of cotton cloth equal to Pequot and on a second grade equal to Lockwood. Specifications were submitted to twenty-one concerns and bids were received from but eight. No one firm was the lowest bidder on each of the institutions, and it was finally concluded that each institution could place its order most advantageously irrespective of the others. Therefore no purchase in combination was finally effected.

Crockery. — In 1913 the institutions united on two grades, and adopted uniform sizes for each of the dishes in common

use among the institutions. Bids were solicited, but there were only two responses. A contract was awarded to continue in force until a new one should be executed. At the close of the year under consideration steps were in progress to secure quotations for a new one.

Heat, Light and Power.

The total expenditure for coal was \$260,252.70. The sums spent by the institutions for hard coal of a larger size than pea or screenings is comparatively very small. The market on this grade is practically uniform as to time and locality, starting at a certain time in the spring with a uniform minimum price, and proceeding by monthly gradations to an ultimate maximum price. It is, therefore, only necessary to place the order at the proper time of the year.

Under ordinary conditions soft coal may best be purchased in the spring of the year. All of the soft coal in use in this group of institutions is bought after requests for bids have been advertised in the newspapers in each of the large cities in the Commonwealth. The grade of coal last required was as follows: —

Semi-bituminous steaming coals are preferred which contain approximately 18 per cent. of volatile matter, 7 per cent. of ash and 1.25 per cent. of sulphur, and having a heating value of about 14,600 B. T. U. per pound of dry coal. These coals should be of a size known as "run of mine."

Requests were received for specifications from eighty-five concerns, and bids were received and publicly opened and read at the Boston State Hospital May 20, 1914. The contract contains a graduated penalty clause for the delivery of coal of a quality inferior to that specified; also the stipulation that samples from each shipment shall be analyzed by the chemist of the State Board, whose findings shall be deemed ultimate and the basis of adjustment. The award in each case was made to the lowest bidder complying with the specifications, and in every instance where the coal has fallen below the required standard the penalty has been exacted and obtained. The chemist reports that 30 per cent. of the coal delivered under these contracts was below the standard required. This is a

very marked improvement over the previous year, and is undoubtedly due to the vigorous enforcement of the penalty clause backed up by the close chemical control of deliveries. He reports the quality of coal received in 1914 to have been very much above that of 1913. The amount of money involved in this contract was \$218,971, — the largest executed by this group of institutions during the year.

A formal invitation was extended to the institutions supervised by the Board of Charity to join with those for the mentally ill in this purchase, but no combination was effected.

Repairs and Improvements.

Under this heading are purchased building material, mechanics' supplies, tools, etc. Co-operative purchasing has never been applied to this line of purchases, and it is believed that during the coming year time could profitably be devoted to the study of this department which might result in some modification of the existing purchasing methods.

Farm, Stable and Grounds.

The purchase of *live stock* must necessarily be made to the best advantage by each institution. Attempts have been made to combine in the purchase of farm implements, but the diversity of needs is so great and so many articles are required that it seems to have been demonstrated that the task of formulating accurate specifications and obtaining bids thereon more than offsets any possible saving.

Investigations have been made along similar lines to see if a saving could be made in the purchase of *fertilizers*, and it was thought that no better results could be obtained. Much advantage has been found to lie in buying the ingredients and mixing them, in preference to purchasing the prepared product.

Hay, Grain, etc. — Beyond the price reduction in carload lots no further concession can be secured.

Miscellaneous.

Bids were solicited for the supply to the institutions of some 27,000 pounds of *smoking and chewing tobacco*. There were seventeen bidders. The awards were to the lowest bidder, and the total purchase was distributed among two firms.

Electric Lamps. — It is manifestly to the advantage of the institutions to pool their requirements and increase the size of their order for electric lamps, as the discount becomes larger proportionately with the order. Consequently, on December 27 a request for bids was advertised. The prices quoted were practically identical, with the exception of those received from a few concerns making a foreign-made Tungsten. An investigation of the merits of these foreign-made Tungstens for durability, consumption, etc., led the institutions to award the contract for a year's supply, the quotation being much lower than for Mazdas. The form of contract and accompanying bond were sufficiently rigid to protect the institutions from any deviation from the specified quality.

FINANCIAL TABLES.

Table 1, or the Balance Sheet, shows in a condensed form the total inventory of all the institutions at the beginning and end of the fiscal year, the sums appropriated for maintenance and extensions or additions, — the latter under the name of "Special Appropriations," — and the sums expended therefrom. The tables which follow proceed in numerical progression to dissolve the subject-matter of the first or summary table into more and more minute detail. An examination of the entire series should disclose all of the financial operations of this group of institutions in the period under consideration, and the physical condition of the property at the beginning and end of such period as represented by the sum total of the inventories.

They show the real and personal property of the State to be valued at \$17,209,574.45 as against \$16,109,174.63 the previous fiscal year, an increase of \$1,100,399.82. This increase would naturally result from the expenditure of \$1,100,802.07, under the heading of "Special Appropriations."

The total sum expended for maintenance was \$3,599,809.33, or \$212,179.77 more than in 1913, and 608 more patients were supported.

The comparative net weekly per capita costs were \$4.55 for 1913 and \$4.65 for 1914. This cost and increase was distributed as follows: —

	1913.	1914.	Increase.	Decrease.
Salaries, wages and labor, . . .	\$1.921	\$1.982	\$0.061	—
Food,	1.056	1.059	.003	—
Clothing and clothing material, . .	.155	.163	.008	—
Furnishings, . . . . .	.193	.182	—	\$0.009
Heat, light and power, . . . . .	.404	.434	.030	—
Repairs and improvements, . . . .	.221	.220	—	.001
Farm, stable and grounds, . . . .	.306	.285	—	.021
Miscellaneous, . . . . .	.298	.318	.020	—

The largest addition to cost is in salaries, wages and labor, and analyzes as follows: —

	WEEKLY PER CAPITA COST.	
	1913.	1914.
Medical service,	\$0.223	\$0.173
Ward service, . . . . .	.748	.809
General administration, . . . . .	.569	.631
Repairs and improvements, . . . . .	.184	.172
Farm, stable and grounds, . . . . .	.195	.196
Totals,	\$1.921	\$1.982

Ward service has increased .06 per capita, due to the fact that the average monthly compensation per person employed has risen from \$27.44 to \$28.37, and the increase of .06 per capita in "General Administration" is accounted for by a rise in monthly compensation of from \$39.04 to \$40.77.

GENERAL MATTERS.

NEW LEGISLATION.

The following acts and resolves relative to the institutions and persons under the supervision of the Board were passed by the Legislature of 1914: —

CHAPTER 358.

AN ACT TO PROVIDE FOR A NEW BOARD OF TRUSTEES FOR THE FOXBOROUGH STATE HOSPITAL.

Be it enacted, etc., as follows:

SECTION 1. From and after the first Monday of June, nineteen hundred and fourteen, the trustees of the Foxborough state hospital shall have no

further power or authority over the Foxborough state hospital but shall have and continue to exercise the power and authority heretofore given them over the Norfolk state hospital, subject to the supervision of the state board of charity, and shall be known as the trustees of the Norfolk state hospital. Said trustees shall have authority and power to make by-laws and regulations for the administration and government of the Norfolk state hospital. All acts and parts of acts in regard to the commitment, admission, care, maintenance, detention, release and discharge of inebriates and persons addicted to drugs, which have heretofore applied to the Foxborough state hospital shall hereafter apply to the Norfolk state hospital. There shall be transferred from the Foxborough state hospital to the Norfolk state hospital all books and documents relating to the care of inebriates and of persons addicted to drugs, and all records of former patients at the Foxborough state hospital, except such persons as were committed to said hospital as insane persons.

SECTION 2. In the month of May, nineteen hundred and fourteen, the governor, with the advice and consent of the council, shall appoint seven persons, five of whom shall be men and two of whom shall be women, who shall, after the first Monday of June, nineteen hundred and fourteen, constitute the board of trustees of the Foxborough state hospital, and who shall hold their offices from said first Monday of June, one until the first Wednesday of February, nineteen hundred and fifteen, one until the first Wednesday of February, nineteen hundred and sixteen, one until the first Wednesday of February, nineteen hundred and seventeen, one until the first Wednesday of February, nineteen hundred and eighteen, one until the first Wednesday of February, nineteen hundred and nineteen, one until the first Wednesday of February, nineteen hundred and twenty, one until the first Wednesday of February, nineteen hundred and twenty-one, or until their successors shall be appointed. Said trustees shall, after the first Monday of June, nineteen hundred and fourteen, have all the power and authority over the Foxborough state hospital now exercised by the present trustees of the Foxborough state hospital, and shall be subject to all the provisions of law relating to trustees of state hospitals for the care of the insane.

SECTION 3. Section fifteen of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the words "except that the trustees of the Foxborough state hospital shall all be men", in the fourth and fifth lines. [*Approved April 15, 1914.*]

CHAPTER 456.

AN ACT TO EXTEND THE TIME WITHIN WHICH THE NEW BUILDINGS AT THE GRAFTON COLONY OF THE WORCESTER STATE ASYLUM SHALL BE COMPLETED.

Be it enacted, etc., as follows:

SECTION 1. Section two of chapter six hundred and seventy-nine of the acts of the year nineteen hundred and twelve is hereby amended by striking out the word "fifteen", in the third line, and inserting in place

thereof the word: — sixteen, — so as to read as follows: — *Section 2.* The said buildings shall be completed and ready for occupation not later than January first, nineteen hundred and sixteen; and upon the completion and equipment thereof, the trustees shall cause to be transferred from the said Worcester state asylum to the said buildings at the Grafton colony patients to the number of four hundred.

SECTION 2. This act shall take effect upon its passage. [*Approved April 30, 1914.*]

CHAPTER 473.

AN ACT RELATIVE TO THE COMMITMENT OF INSANE PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section twenty-nine of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by inserting before the word "Either", in the first line, the words: — A justice of the superior court, — so as to read as follows: — *Section 29.* A justice of the superior court, either of the judges of probate for the county of Suffolk, the judge of probate for the county of Nantucket or a justice of a police, district or municipal court, except the municipal court of the city of Boston, within his county, may commit to any hospital or receptacle for the insane, public or private, designated by the state board of insanity, in accordance with the provisions of the preceding section, any insane person then residing or being in said county, who in his opinion is a proper subject for its treatment or custody. No special justice of a police, district or municipal court shall make a commitment except in case of the absence or incapacity of the justice or other emergency.

SECTION 2. This act shall take effect upon its passage. [*Approved May 5, 1914.*]

CHAPTER 442.

AN ACT TO MAKE THE MEDFIELD STATE ASYLUM A HOSPITAL FOR THE INSANE AND TO CHANGE ITS NAME.

Be it enacted, etc., as follows:

SECTION 1. The Medfield state asylum is hereby made a state hospital for the care of the insane and shall be subject to all the provisions of law applicable to such state hospitals.

SECTION 2. The name of the Medfield state asylum is hereby changed to the Medfield State Hospital.

SECTION 3. Section fourteen of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the words "Medfield State Asylum", in the twenty-seventh line, and inserting in place thereof the words: — Medfield State Hospital.

SECTION 4. This act shall take effect upon its passage. [*Approved April 28, 1914.*]

CHAPTER 493.

AN ACT TO INCREASE THE RATE OF SUPPORT FOR INSANE PERSONS BOARDED
OUT IN FAMILIES.

Be it enacted, etc., as follows:

SECTION 1. Section seventy-one of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by striking out the word "twenty-five", in the last line, and inserting in place thereof the word: — seventy-five, — so as to read as follows: — *Section 71.* Any patient in an institution, public or private, used wholly or in part for the care of the insane, who is quiet and not dangerous nor committed as a dipsomaniac or inebriate, nor addicted to the intemperate use of narcotics or stimulants, and who is under the supervision of the state board of insanity, may be placed by said board if it considers it expedient, at board in a suitable family or place in the commonwealth or elsewhere. Any such patient in a public institution used wholly or in part for the care of the insane may so be boarded by the trustees thereof, and such boarder shall be deemed to be an inmate of the institution. The cost to the commonwealth of the board of such paupers shall not exceed three dollars and seventy-five cents a week for each person.

SECTION 2. This act shall take effect upon its passage. [*Approved May 11, 1914.*]

CHAPTER 558.

AN ACT RELATIVE TO THE COMMITMENT OF DIPSOMANIACS, INEBRIATES
OR PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS AND
STIMULANTS.

Be it enacted, etc., as follows:

SECTION 1. Section fifty of chapter five hundred and four of the acts of the year nineteen hundred and nine is hereby amended by inserting after the word "twenty-nine", in the second line, the words: — and the justices of the municipal court of the city of Boston, — and by striking out in the second and sixth lines, the word "Foxborough", and inserting in place thereof in each instance the word: — Norfolk, — so as to read as follows: — *Section 50.* Any of the judges named in section twenty-nine and the justices of the municipal court of the city of Boston may commit to the Norfolk state hospital, the McLean Hospital, or to a private licensed hospital or house, any male, or to any hospital or licensed receptacle for the insane, public or private, except the Norfolk state hospital, any female, who is subject to dipsomania or inebriety either in public or private or who is so addicted to the intemperate use of narcotics or stimulants as to have lost the power of self control; but no such commitment shall be made until satisfactory evidence is presented to the judge by whom the proceedings for commitment are heard that such person is not of bad repute or of bad character apart from such habits of intemperance. The magistrate who receives the application for such commitment shall examine on

oath the applicant and all other witnesses, shall reduce the application to writing and cause it to be subscribed and sworn to by the applicant. He shall cause a summons and copy of the application to be served upon such person in the manner provided by section twenty-five of chapter two hundred and seventeen of the Revised Laws. Such person shall be entitled to a hearing, unless after receiving said summons he shall in writing waive a hearing; and in that case the magistrate may issue an order for his immediate commitment to said hospital without such hearing if he is of the opinion that such person is a proper subject for its treatment and custody. The commitment may be made forthwith, if the examining physician certifies the case to be one of emergency. A person committed as aforesaid may be detained for two years from the date of his commitment and no longer.

SECTION 2. This act shall take effect upon its passage. [*Approved May 22, 1914.*]

CHAPTER 48.

RESOLVE TO PROVIDE FOR PRINTING ADDITIONAL COPIES OF THE REPORT OF THE TRUSTEES OF THE BOSTON STATE HOSPITAL.

Resolved, That there be printed annually for the use of the trustees of the Boston state hospital one thousand copies of the annual report of the psychopathic department of said hospital, in addition to the regular issue of the annual report of the Boston state hospital which includes the psychopathic department. [*Approved April 17, 1914.*]

Chapter 762. — An Act relative to the reorganization and powers of the State Board of Insanity. A copy of this act is published on page 9 of this report.

Chapter 323. — An Act relative to the settlements of patients who are inmates of institutions.

Chapter 518. — An Act relative to the taxation of insane asylums and like institutions.

Chapter 540. — An Act relative to the qualifications of inspectors of masonry construction employed by the Commonwealth or by counties, cities and towns.

Chapter 575. — An Act to increase the number of annual reports of the Medfield State Hospital to 2,000 copies.

SPECIAL APPROPRIATIONS.

The special appropriations for the year 1914 and for six, ten and sixteen year periods are shown in the following tables: —

Detailed Statement.

	1914.	Six Years, ending 1914.	Ten Years, ending 1908.	Sixteen Years, ending 1914.
Worcester Hospital,	-	\$144,775 00	\$299,098 44	\$443,873 44
Taunton Hospital,	-	\$146,300 00	\$325,205 00	\$471,505 00
Northampton Hospital: —				
Construction and repair of stable,	\$9,000 00			
[Resolves, chapter 106.]				
Extension of corridor from infirmary to main building,	8,000 00			
Installation of fire pump and building to contain it,	4,000 00			
[Resolves, chapter 124.]				
Totals,	\$21,000 00	\$77,925 00	\$217,300 00	\$295,225 00
Danvers Hospital,	-	\$17,850 00	\$364,100 00	\$381,950 00
Westborough Hospital,	-	\$237,750 00	\$454,625 00	\$692,375 00
Boston Hospital: —				
To meet a deficiency in the appropriation for erecting and furnishing building for 100 patients,	\$498 57	\$1,442,498 57	-	\$1,442,498 57
[Acts, chapter 775.]				
For land taken by eminent domain for Boston Hospital (expended under di- rection of Board of Insanity),	-	\$400,000 00 ¹	-	¹ \$400,000 00
[Acts, chapter 21.]				
Worcester Asylum (see also below): —				
For one boiler at Grafton Colony,	\$2,500 00			
Enlargement of filter bed,	10,000 00			
[Resolves, chapter 129.]				
For completing buildings authorized by chapter 679, Acts of 1912,	10,000 00			
[Resolves, chapter 130.]				
Totals,	\$22,500 00	\$487,100 00	\$517,900 00	\$1,005,000 00
Medfield Hospital,	-	\$72,727 00	\$558,700 00	\$631,427 00
Gardner Colony: —				
Constructing smoke stack and chimney, [Resolves, chapter 49.]	\$2,000 00			
Constructing a slaughterhouse (\$800) and extension of barn at Belcher Cottage (\$700),	1,500 00			
[Resolves, chapter 128.]				
Totals,	\$3,500 00	\$91,050 00	\$495,950 00	\$587,000 00
Monson Hospital: —				
Purchase of mangle and other laundry machinery,	\$2,400 00			
Baker's oven and fittings,	2,000 00			
Addition to boiler plant,	4,000 00			
[Resolves, chapter 144.]				
Totals,	\$8,400 00	\$300,140 00	\$431,800 00	\$731,940 00
Foxborough Hospital,	-	\$5,000 00	\$173,150 00	\$178,150 00
Massachusetts School for the Feeble- minded: —				
Constructing cottage for 15 patients at Templeton,	\$3,500 00	\$65,000 00	\$537,100 00	\$602,100 00

¹ For land taken by eminent domain.

Detailed Statement — Concluded.

	1914.	Six Years, ending 1914.	Ten Years, ending 1908.	Sixteen Years, ending 1914.
Wrentham School: —				
Constructing building for hospital to accommodate 100 patients,	\$58,000 00			
Constructing and furnishing two dormitories at farm group for 50 boys, and for constructing and furnishing bath-house connected with said dormitories; for extension of kitchen and dining room at farm group, and for extension of heating system from central station to farm group,	25,000 00			
Constructing cow barn and silo,	4,500 00			
[Resolves, chapter 151.]				
Totals,	\$87,500 00	\$655,800 00	\$247,800 00	\$903,600 00
Bridgewater Hospital,	-	\$90,000 00	\$235,000 00	\$325,000 00
State Infirmary,	-	-	\$120,000 00	\$120,000 00
Purchase of Boston Insane Hospital,	-	\$1,000,000 00	-	\$1,000,000 00
For removal of Worcester Asylum to Grafton Colony,	-	\$400,000 00	-	\$400,000 00
Purchase of land for hospital for the mentally ill of the metropolitan district,	\$100,000 00	\$100,000 00	-	\$100,000 00
[Resolves, chapter 140.]				

Summary of Special Appropriations.

Insane: —				
Constructing, furnishing and equipping buildings for patients and nurses,	-	\$1,728,527 00	\$2,207,525 00	\$3,936,052 00
Number of patients provided for,	-	1,974	2,992	4,966
Average per capita cost,	-	\$736 78	\$596 27	\$652 12
Number of nurses provided for,	-	365	651	1,016
Average per capita cost,	-	\$750 99	\$650 49	\$686 60
Patients and nurses provided for,	-	2,339	3,643	5,982
Average per capita cost,	-	\$739 00	\$605 96	\$657 98
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$151,698 57	\$1,733,018 57	\$1,733,886 44	\$3,466,905 01
Totals,	\$151,698 57	\$3,461,545 57	\$3,941,411 44	\$7,402,957 01
Feeble-minded: —				
Constructing, furnishing and equipping buildings for patients and nurses,	\$86,500 00	\$533,500 00	\$425,500 00	\$959,000 00
Number of patients provided for,	165	963	840	1,803
Average per capita cost,	\$524 24	\$480 27	\$435 12	\$459 23
Number of nurses provided for,	-	109	82	191
Average per capita cost,	-	\$651 38	\$731 70	\$685 86
Patients and nurses provided for,	165	1,072	922	1,994
Average per capita cost,	\$524 24	\$497 67	\$461 50	\$480 00
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$4,500 00	\$187,300 00	\$359,400 00	\$546,700 00
Totals,	\$91,000 00	\$720,800 00	\$784,900 00	\$1,505,700 00
Epileptic (sane): —				
Constructing, furnishing and equipping buildings for patients and nurses,	-	\$87,000 00	\$152,550 00	\$239,550 00
Number of patients provided for,	-	150	192	342
Average per capita cost,	-	\$560 00	\$732 03	\$656 57
Number of nurses provided for,	-	4	27	31
Average per capita cost,	-	\$750 00	\$444 44	\$483 87
Patients and nurses provided for,	-	154	219	373
Average per capita cost,	-	\$564 93	\$696 57	\$642 22

Summary of Special Appropriations — Concluded.

	1914.	Six Years, ending 1914.	Ten Years, ending 1908.	Sixteen Years, ending 1914.
Epileptic (sane) — <i>Con.</i> Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs, . . .	\$4,200 00	\$59,570 00	\$63,350 00	\$122,920 00
Totals,	\$4,200 00	\$146,570 00	\$215,900 00	\$362,470 00
Inebriate: — Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs, . . .	—	\$5,000 00	\$35,517 00	\$40,517 00
All classes: — Constructing, furnishing and equipping buildings for patients and nurses, . . .	\$86,500 00	\$2,349,027 00	\$2,785,575 00	\$5,134,602 00
Number of patients provided for, . . .	165	3,087	4,024	7,111
Average per capita cost,	\$524 24	\$648 17	\$569 11	\$603 43
Number of nurses provided for, . . .	—	478	760	1,238
Average per capita cost,	—	\$728 27	\$651 94	\$681 41
Patients and nurses provided for, . . .	165	3,565	4,784	8,349
Average per capita cost,	\$524 24	\$658 91	\$582 27	\$615 00
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs, . . .	\$160,398 57	\$1,984,888 57	\$2,192,153 44	\$4,177,042 01
Totals,	\$246,898 57	\$4,333,915 57	\$4,977,728 44	\$9,311,644 01
Average amount appropriated annually, . . .	—	\$722,319 26	\$497,772 84	\$581,977 76
Purchase of Boston Insane Hospital, . . .	—	\$1,000,000 00	—	\$1,000,000 00
Removal of Worcester Asylum to Grafton Colony,	—	\$400,000 00	—	\$400,000 00
Totals,	\$246,898 57	\$5,733,915 57	\$4,977,728 44	\$10,711,644 01

SEMIANNUAL CONFERENCES.

The thirty-first semiannual conference of the Board and the trustees of the different institutions was held at the State House on May 19, 1914. Dr. L. Vernon Briggs, member of the Board, presided. The subject for discussion was: —

HOSPITAL ORGANIZATION.

1. Trustees: object of and responsibility of.
2. Superintendent: duties of.
3. Officers and employees: organization of.

The views of the different speakers as expressed at this conference were as follows: —

Dr. Samuel B. Woodward, chairman, Trustees of Worcester State Hospital and Worcester State Asylum: — The object of

having trustees is to have at each State hospital a body of men and women personally interested in the success of that particular institution; seeking to keep it in the first rank; giving to it the attention that personal knowledge of its needs, derived from close association with it, can alone enable them to give; giving to it also a prestige in the community, where they are known, which it can never have if the controlling body is a vague commission of persons more or less unknown in the community in which the hospital is situated, and this prestige is a valuable asset in times of stress.

Casting modesty to the winds, it can be stated as a fact that the recent attacks on the Worcester Hospital and the Grafton Colony of the Worcester Asylum have had no support in the community in which they are situated, for it is realized in Worcester County that the seven trustees are honorable men and women interested in these institutions, capable of overseeing the work done there, personally desirous of making these institutions as perfect as the means allotted by the legislative body will allow, and desirous of seeing them not only equal to but better than other similar institutions in this State and outside of it.

The same thing is true in the other communities where State hospitals are situated, and in my opinion this generous rivalry is a most desirable asset of the present system.

Friends of patients are more contented when their relatives are under the supervision of persons known to them at least by reputation, — persons to whom they can and do frequently go to make inquiries, suggestions and complaints.

The trustees provide, or should provide, a board to whom the superintendent can go when in difficulty for advice, counsel and support.

A bank president without his board of directors to hold up his hands, to advise with him, to at times restrain him, again possibly to urge him on to action, would be in much the situation of a superintendent without his board of trustees, and no central board could ever take its place.

It is my opinion that it is the duty of a board of trustees to select the best man available for the office of superintendent, to expect him, the expert, to originate policies, explain them to his

board, and if approved (as they generally would be) carry them out to their logical conclusion.

Whereas in this State a general plan of development has been laid down by the supervising State Board of Insanity, it is of course the duty of the trustees to carry out this, as indeed any other plan of the State Board, to the best of their ability, but the object of having trustees at all being to provide a body of individuals who may be supposed to have a more intimate knowledge of conditions at the particular institutions under their supervision, I conceive it to be always and ever their duty to present to the State Board any views they may have with regard to matters coming under their personal observation. They are responsible for whatever is done at the institutions over which they have been placed; they are the ones to be disgraced if disgraceful things occur in what has been placed in their care; they should not, therefore, be expected to be voiceless as to policies and means, and I took it as a compliment when the chairman of a legislative committee the other day stated that the most aggressive board was apt to receive the most consideration when financial aid was in question.

To visit at regular and irregular intervals all departments of the institution is a most important duty of the trustees. The expectation of the irregular and unexpected visit by an outside party with a trustee's authority cannot but have a most decided influence on the discipline and well-being of an institution of any kind. We all know how patients look forward to trustees' visits.

I have always found that employees are gratified and stimulated by recognition of their work, by the feeling that beyond the superintendent is a body that realizes what they are doing, is interested in and appreciates their endeavors, and I consider that one of the best things ever done to improve the supervision of our State hospitals was the addition of women to the trustee boards, as they can intelligently investigate much that previously was practically a sealed book.

Remove the boards of trustees and you remove all these personal relations, for, large as our hospitals are, the trustees learn to know the majority of nurses, patients and employees after a few years of service at least. Who will not work better and more cheerfully for those known to them to be potentially

friends, anxious to help them if deserving, desirous of securing their welfare, than they can be expected to do for those who are comparative strangers? I do *not* conceive that the object of having trustee boards is that they should sit, make policies and decide what is to be done, while the superintendent simply carries out their desires.

Suggestions made by trustees to the superintendent should be made, at least in boards having no expert in psychiatry among its members, with much modesty. Select your superintendent; place authority in his hands; consult with him and expect him to consult with you. If he is the right man he will not abuse your confidence. If he does, he is not the man you should retain in his position.

When Horace Mann, one of the original trustees of the Worcester State Hospital, in 1832, selected as superintendent a country physician from Connecticut, he did not, as numerous letters in my possession show, expect to control the action of that superintendent by any rigid rules. Their correspondence (for Mann was in Boston, a day's journey away at that time) is marked as that of two men striving for a common object, working together on a common level, neither trying to direct the other, both ready to give way to convincing argument, and such, as I see it, should be the relation of the modern trustee to the modern superintendent. Doing this, the trustee justifies his existence, the superintendent fulfils his duty.

Dr. John A. Houston, superintendent of Northampton State Hospital: — I heartily approve of what Dr. Woodward has said. It is a very valuable part of the services of the board of trustees that they stand between the institution and the public. As Dr. Woodward has stated, the public has more confidence in the institutions, knowing the men and women who have charge of them. There never has been a trustee meeting at our hospital within my memory when some of the trustees have not asked to see certain patients to inquire into their condition, so that they might take back to the relatives and friends a report; and the trustees frequently say that these relatives seem much relieved because a person whom they know, *i.e.*, the trustee, has personally seen their friend or relative and can assure them of his condition. It is very helpful to the superintendent to know that there is a body of men and women who

are standing as a sort of buffer between the institution and its superintendent and the unthinking public.

We can conceive of a fairly easy management of all institutions in the State by a central commission so far as the actual business of the institution is concerned, but a central board has no heart or feeling for one institution over and above what it has for any of the other institutions, and that is what the local boards of trustees have, — a special interest in their own institution. As a result, every institution in the State is benefited and the State itself is benefited. The local board is stimulated so that each institution wishes to keep up with the others, constantly studying what the others are doing, trying to equal or even to keep a little in advance of them, and I presume each institution in the State is in some respect a little in advance or a little more progressive in some direction than each of the other institutions.

As to the duties of the superintendents, it would require all day long just to enumerate the duties a superintendent has. Of course the management of an institution, whoever is over it, whether a local board of trustees or a central board, must in the last analysis come to some one person, some manager. The managers at present are called superintendents. The superintendent should have full charge of the institution and the selection of the tools he works with, *i.e.*, the officers and employees under him. It may be well for the board of trustees to have the appointment of the officers, but they must rely largely on the judgment of the superintendent in the selection of these officers because if they hold him responsible he must have people who will work in harmony with him. The subordinate officers and the domestic help should be selected by the superintendent as they now are.

The superintendent should have charge of business affairs as well as the medical direction of the hospital. No institution should have a two-headed management. Even with a business manager subordinate to the superintendent there is worry enough. Business managers, stewards, or whatever they may be called, are anxious to make a good financial showing, and this is commendable. But sometimes in their efforts to do this they do not readily fall in with the policies of the superintendent, who considers not only the economy of management but

also the comfort and contentment of his patients and the satisfaction of their friends. The resulting friction though slight shows how serious might be the trouble if the two managements were independent.

As to the trustees shaping the policies of the institution, they are ever busy with their own affairs, usually not experienced in the care of the insane and the close management of institutions, which is a highly specialized line of work. They must rely upon their superintendent to advise them in such matters. He should naturally be the man who can shape the policies of the hospital. His training, experience, study and association with others in the same specialty should fit him to keep in the front ranks of progress. He should, as he does, present these matters to the trustees, and they, having several points of view from which to consider them, are able to make valuable suggestions and corrections, so that as finally presented, the policies of the institution are shaped by trustees and superintendent working together.

L. Vernon Briggs, M.D., member, State Board of Insanity: — I would like to bring before the conference a possible plan which the trustees would perhaps discuss or touch upon as they speak. I suppose everybody is interested to know what the joint committee on ways and means and public charitable institutions are doing, and I have also been interested to know. As near as I can find out, one of the most likely plans they are now discussing is whether it would be wise to transfer the powers of the trustees to the State Board of Insanity, and the State Board of Insanity's powers to the trustees; in other words, making the trustees a supervisory and administering body, with recommendations to the State Board of Insanity, and the Insanity Board the final body, virtually transferring the powers. This plan is under discussion, as I understand, in the joint committee. It may not amount to anything more than a little talk in their own committee, but I think it would be rather interesting to hear what the trustees think of the plan of making the trustees a supervisory body, visiting body and recommendatory body to the Board of Insanity.

Dr. Walter Channing, chairman, Trustees of Boston State Hospital: — The trustees of every hospital should have a definite policy as to development and management. First of all,

they should recognize the function of an institution established by the State to be the humanitarian care of its wards, and should do all in their power to achieve this purpose. They should also have clearly in mind that their institution is part of a system and do their utmost to make such a system a success.

The trustees should be under the jurisdiction of a central State board which should have supervision over them. This board should advise and consult with them, and together they should work out a policy for the general development of all the State institutions in order that there should be harmonious co-ordination under the direction of the State Board. As progress is the only successful path toward achievement, the details of the policy adopted by the trustees of the individual institutions should be worked out and made at all times available for the use of the State authorities. Much time and money may be lost where necessary provision for the increase of defectives has not been anticipated.

A board of trustees should be a connecting link between the institution and the public. They should know enough of the institution to be able to meet public criticism, but, on the other hand, have sympathy enough with the public to appreciate its point of view and answer questions without prejudice. That portion of the policy of a board of trustees demanding the largest part of their time should be increase in size. They should seek to know the maximum number of inmates they might in time be obliged to provide for, and at every step taken should have such a maximum in mind. The saddest commentary on the short-sightedness of States in providing for the defectives is the present overcrowding of nearly all institutions. By a comprehensive study of the situation from year to year this could have been avoided and money saved in the end. A very important duty of trustees is to urge on the public adequate provision for its defectives, and they are in a position to do this intelligently.

Trustees should carefully study development of grounds, location of buildings and building plans. Superintendents and architects should prepare such plans, but trustees should satisfy themselves that such plans are best for the purpose. Their

training and experience should make their advice of great value in this direction.

Trustees should make frequent visits of inspection, independently and together, but do this under the guidance and with the co-operation of the superintendent. It is sometimes the habit of trustees to make sudden and unexpected visits. The writer believes that more harm than good results, for there is a suggestion that things may not be quite as they should be. Suspicions may be engendered which are a bad thing anywhere, but particularly in an institution. If the trustees have selected a superintendent of the highest grade they should trust him implicitly and not try to catch him unawares. If he is not worthy of confidence, the sooner they get another man the better.

Trustees are to act in an advisory and supervisory capacity to the superintendent. They should not administer the affairs of the institution, though familiar with the important ones. If they are satisfied that the superintendent is thoroughly efficient they should leave details to him, but they should insist on being fully informed as to his methods and criticize them freely. It is a necessity to keep the trustees fully informed, and the superintendent will frequently find it to his great advantage to defer to the trustees. They must depend on his expert knowledge in treating and caring for patients, but he will find their business training and worldly experience of invaluable use to him. This should be especially true in financial matters, for an able business man can easily solve a problem that baffles ordinary people. The treasurer's and steward's methods of accounting should be open to their examination at all times, and all expenses should be carefully scrutinized.

The best men available for the salaries should be selected for treasurer and steward, but they should be under the direction of the medical superintendent. No two-headed management can in the nature of things be successful in the full sense of the word.

Dr. Walter E. Fernald, superintendent, Massachusetts School for the Feeble-minded: — I have not had time to write a formal address, but it is unnecessary to say we are all very much interested in this particular program at this particular time.

I suppose that an ideal organization in any institution will be impossible for a good many years. Our hospitals for the insane and our schools for the feeble-minded represent about as artificial a social arrangement as we could well imagine. We congregate a thousand or two thousand defectives and the officers who are to take care of them; we quarantine them, so to speak, on certain grounds, and both the patients and the officers live very differently from what they would in the community. We have been groping for one hundred years trying to make these conditions as natural as possible, and trying to adjust ourselves to the situation to the satisfaction of the people who pay the bills, for we are all, from the State Board of Insanity down to the humblest employee of our institutions, trustees for the people who pay the bills, and whose mothers and fathers and brothers and sisters we take care of. We are successful inasmuch as we appreciate that fact and do it sympathetically and on honor, and inasmuch as we are able to get the right sort of talent in the way of supervision and in the way of executives.

It is our custom to say to a new employee, "You have been selected to help take care of these people whose relatives are not able to take care of them at home, and the taxpayers of Massachusetts are contributing of their earnings to pay your salary. That is your duty. You are not merely a fireman, a waitress or attendant or instructor, but the important thing for you to remember is that you have been especially selected to do this work." It is very hard to keep this perspective in our institutions which have grown the world over to such large proportions. In former days, with small institutions in sparsely settled communities, where the trustees were well known to all the community, and where they knew personally, perhaps, the majority of the patients in the institutions, when the business arrangements and the professional problems were so small relatively that they could be understood by the legislators, by the taxpayers and by neighbors, it was a very different situation from that of to-day.

We are now checked up and compared with highly organized private enterprises; we are expected to run our business affairs with all the efficiency and all the minute economies of pur-

chase and of use that the Standard Oil Corporation or the General Electric Company and other vast enterprises do. We have, as nearly as we have been able, tried to meet these conditions, but it has been rather an unfair requirement because we are doing it with equipment which is not adapted for that sort of purpose. The immense amount of money which these enterprises put into standardization and into studying out the principles of scientific management has never been available for the purpose in our institutions. We have never been given the money, or encouragement to spend that amount of money for this purpose, and yet the trustees are criticized, and the superintendents are criticized, because our results are not comparable with those in these highly organized business organizations, where vast sums have been spent experimenting in finding ways of efficiency and ways of economy.

I really do not believe that we have been given credit for what the institutions the country over and world over have really accomplished in that direction.

We superintendents have felt for years a baffling sense of injustice when we have faced the legislative committees, who criticized our expenditures, when we felt that they had not quite given us an opportunity to make those expenditures as economical as they might be. In spite of all, it seems to me remarkable that institutions the country over have become as efficient as they are. The sort of criticism which seems to be in the air, I should think, would deter the class of men who would be desirable on boards of trustees. I wonder that any young man is willing to consider the question of looking forward to a life as superintendent of an institution to-day, for really what is expected in the way of efficiency if applied in any other business or any other occupation would bring financial rewards enormously out of comparison with those which are possible in institution service.

Dr. Briggs: — I do not like to hear Dr. Fernald discourage a young man who wants to be a superintendent. I hope we are all in the line of progress, and that the superintendents' positions will be more remunerative than they have been. I have been getting together some salary lists of the hospital superintendents of the different States, and it is evident that

Massachusetts men have reason to be discouraged. Their salaries are considerably lower than the superintendents of many of the States, and I think we should increase the salaries, and at the same time, of course, require the very best service, which a good many of them now give. California superintendents get \$4,000, a uniform amount; first assistants get \$2,400; in Colorado \$3,000 is the maximum; Illinois, \$3,600 to \$4,500, with \$2,000 down to \$600 for assistants; Iowa, \$3,000 for superintendents, \$1,800 down to \$1,200 for assistants; Kentucky, \$2,000 down to \$800; Kansas, \$2,000 to \$1,100; Mississippi, \$2,000 to \$1,500; Missouri, \$3,000 to \$1,200; Maryland, \$2,500 to \$1,000; in New York they begin at \$3,500 and get \$100 a year increase up to \$6,000 for the superintendent; first assistants get \$2,600 to \$3,000, and the senior assistants, as they call them, get \$1,600 to \$2,200; Ohio, \$2,500 to \$4,000 for superintendents, \$1,500 for assistants; Utah, \$3,300 for superintendents, \$1,800 for assistants; Wisconsin, \$3,000 to \$3,500 for superintendents, \$1,500 to \$2,240 for assistants; Minnesota, \$2,200 to \$2,700 for superintendents, \$1,400 to \$2,000 for assistants; North Carolina, \$2,500 for superintendents, \$1,100 for assistants; Nova Scotia, \$2,000 for superintendents, \$600 to \$1,200 for assistants; Ontario, \$2,600 for superintendents, \$900 to \$1,500 for assistants; Nebraska, \$2,500 for superintendents, \$1,500 for assistants; South Dakota, \$4,000 for superintendents, \$2,000 for assistants; Indiana, \$2,500 to \$4,000 for superintendents, \$1,200 to \$2,000 for assistants; Montana, \$4,000 for superintendents; British Columbia, \$2,820 to \$1,752; Manitoba, \$3,000 for superintendents, \$2,200 for assistants; Texas, \$2,500 for superintendents, \$1,250 for assistants; Oregon, \$2,500 to \$3,000 for superintendents, \$1,200 to \$2,500 for assistants; West Virginia, \$2,500 to \$3,000 for superintendents, \$1,200 to \$1,800 for assistants, etc. I hope all the superintendents will not be writing for these large-salaried places. These figures show a very great deal of variation and that Massachusetts is not up to the standard. All the superintendents in New York State, which comes nearer to Massachusetts in the size of its hospitals and the kind of work, get \$3,500, with increasing rate of \$100 per year from \$3,500. The first assistants get \$2,500,

with increasing rate of \$100, to \$3,000; senior assistants, \$1,800, with increasing rate per year of \$100, to \$2,200; and assistant physicians, \$1,200, with increasing rate of \$100 per year, to \$1,600. This seems to be nearer what we should have here. The remuneration, as Dr. Fernald touched upon, we hope will add inducement for men to become superintendents here, and that there will be something for them to work for.

Mr. Edmund A. Whitman, chairman, Trustees of Gardner State Colony:—It is very easy for a meeting of this kind to develop into a mutual admiration society, and to say what fine people we are as trustees and how beautifully we are doing the work imposed upon us. I, therefore, feel very reluctant to speak my own views in any form of generalization, at least regarding what is required of anybody but myself, and I must therefore be pardoned if I speak from a purely personal standpoint of the shortcomings I feel myself, as a trustee, under conditions as they are, with the resultant injury to the institutions, of which I have presided very nominally over one.

In the first place, when I come to a meeting, I am generally asked, by statute or by practice, to do several very foolish things. We are presented with a schedule of bills incurred during the month and asked to approve them. That is necessarily, so far as I am concerned, a matter of pure form and a waste of time, because I realize that without a great deal of labor and a great deal of inquiry I have absolutely no information by which to check these bills which would be of any use to anybody; still, that is one of the things we are expected to do. Even if I should venture to suggest to the superintendent that some price he had paid, or some quality he had selected, was not the best for the institution, I know he has given that his conscientious attention, and I hesitate very long before I differ with him. Then a little later in the meeting I am presented with a list of employees who have been with us three months, no one of whom I have ever seen, or seen enough to know the capabilities of, and I am asked to vote on their confirmation. I have absolutely—I use the word absolutely—not sufficient information upon which I can act, and as a matter of fact, in the ten years' history of the board with which I am connected, I have never known any trustee to question for a

moment the confirmation of these employees. They have passed, as a matter of course.

Then we come to the recommendations of the superintendent in his monthly report, and there again we do perform, to some extent, a valuable service, because the superintendent is, as has been suggested, more or less quarantined, is a man apart from the community, and there may be, and there sometimes are, suggestions which he makes as to policy which it is wise to submit to people who come from the community, to get what impression such a policy would have upon the community at large. We, therefore, are able, coming from the community, to give him such suggestions as would assist him in carrying out the work, by letting him know how the community at large would be likely to feel about it. These are, on the whole, of the most general kind. I remember one suggestion in the early period of our institution where the superintendent wanted to employ a landscape architect to lay out for all time the future development of the institution. His trustees thought that was, in the language of the street, "going some," and did not approve it.

When we have selected a superintendent, about all we can do is to hold his hand, or to uphold his hand, because when he is good enough to ask us individually or collectively for our advice our heads swell with false pride if we really know something about it; I know I do not. I can only give him the vaguest kind of impressions as a citizen of the Commonwealth. The function which, it seems to me, is left to the superintendent is that which Dr. Woodward so well expressed as indicating to the community that there are certain people taken from the community having oversight over that institution who, in a vague and general way, are able to guarantee that patients are humanely treated and can answer such questions as may be put to them. I personally have had very few questions in ten years put to me by the community, but I am quite willing to believe that there are a large number of people who are satisfied with the management of the institution because I personally happen to be there. It is very gratifying to feel so.

There is that general supervisory power and interest which is of value to the community, but when it comes to directing

the superintendent, I feel a good deal of hesitation in doing anything of the kind; and yet, the superintendent is responsible to the trustees and to nobody else. If the State Board should have, for instance, some particular policy which it thought should be, in its larger experience, enforced in any particular institution, it has absolutely no power other than of recommendation. It seems to me, therefore, that we are — that I have been — somewhat remiss in my duty in not having advised more definitely the combination committee on ways and means and public charitable institutions that they are certainly on the right track in swapping duties between the trustees and the State Board, because the State Board, through its official staff, is giving its entire time. We are there getting a greater degree of expert knowledge and supervision than does take place with our local boards of trustees.

I have been, on the whole, pretty thoroughly dissatisfied personally with the results in our institutions of the local boards; not that I mean to decry our institutions; I think they are admirably managed, but that is because the superintendents we have had have been, on the whole, admirable men and admirable managers. Yet when it comes to the selection of a superintendent, I, for instance, having had that duty thrust upon me, with others on the committee, have felt extremely helpless without going to the State Board to get such recommendations and suggestions as they might make, and then following them up in such ways as may be. In effect, the superintendent is appointed by the State Board, although with the concurrence of the local board, and that necessarily must be so.

Dr. Briggs: — Perhaps it would be well to skip from the senior members to some of the junior members and see what some of the newer lights have to say on organization and duties of superintendents, etc. I will call upon Dr. Kline.

George M. Kline, M.D., superintendent, Danvers State Hospital: — I have only an organization chart to show.

Somewhat more than a year ago we began to chart our hospital organization modeled in a way after that most approved and generally used by larger business and railroad corporations. In an organization, and in this instance, every position in our

hospital from the superintendent to the lowest employee is shown on the chart. You will note on our chart that at the top appears a space for the Governor and Executive Council; then follows the board of trustees, the superintendent and heads of the various departments of the hospital and the employees of each department. The chart shows a direct line of control and no supervisory lines.

No little difficulty was experienced in outlining a chart, and while the chart is quite complete two other factors which enter the organization plan are as yet unfinished.

The next factor in importance is defining the duties of each position represented in our organization. Inasmuch as the number of employees in the treasurer's department, under "General Administration," are few in number, I submit a copy of the form showing to whom each employee reports, and defining the duties of each position. The first page of the copy shows a small chart of the department, a division of the larger chart. In the small chart the names of the head of the department and employees are shown. Here, again, the approved plan of using the initials in the case of male employees, and the Christian name in the case of female employees, is used. The third factor which is employed to a less extent in our organization is giving the heads of the various departments a voice in the maintenance accounts. The heads of the departments are consulted in the making up of the maintenance appropriations, and once it has been approved of by the superintendent and board of trustees, and by the State Board of Insanity, and appropriation made by the Legislature, they are given quite complete control over their various departments.

The chart is made to conform, to a large extent, to the divisions determined on by the Auditor's department in the payment of salaries, wages and labor. Accordingly, we have several large departments, such as medical service, general administration, department of repairs and improvement, farm, stable and grounds. Probably all institutions divide their organization into these four departments, and it would seem possible for the various boards of trustees and superintendents, with the State Board of Insanity, to get together on a uniform plan of organization for the hospitals which would possibly

prevent in a large measure the criticism which has been coming up recently, and yet permit the institution to retain its individuality.

A great many inconsistencies were brought to light as the chart was made up. We found, for example, that a man in the storeroom was keeping the time of the man in the greenhouse for years, simply because from the storeroom window he could look out and see if the men were at work in the greenhouse or stable. Now the head of the department keeps the time of all the employees in his department.

One of these charts is given to the head of each department and appears in his office, and when a new employee is taken into service, his position is indicated to him, and he knows definitely who his immediate superior is; likewise he knows definitely what the duties of the position are because they are all defined, and he is unable to say, "I did not know that was my work," or "I did not know I should have done this or that."

The chart is supposed to be revised possibly once a year and minor changes made. It has, however, served our institution very well indeed, and we believe it is conducive to a smooth running and working organization.

Dr. Briggs: — Dr. Kline starts his typewritten explanation with the treasurer. I suppose he thinks that is the most important matter, but I see nowhere any mention of the State Board of Insanity.

Dr. Kline: — That criticism has been brought up before. As I explained, it is merely a direct line of control, and no supervision is indicated here at all.

Dr. Briggs: — Do away with the State Board of Insanity?

Dr. Kline: — Absolutely no. We believe that the State Board of Insanity is supervisory merely, and in this plan of organization we show merely the line of control.

Dr. Briggs: — I do not know whether you would be interested to know what other States are doing on this line of government, but I would like to take about five minutes here. The following States do not have any State board of insanity, but only boards of trustees for the individual hospitals: Connecticut, Tennessee, Idaho, Texas and Mississippi have boards

of trustees, directors, managers and regents, but no board of insanity. The following States have only one insane hospital, with a board of managers for the individual hospital: Montana, Nevada, Utah and Vermont. Each of the following States has a State board of control for all charitable institutions, with local boards for the insane: Indiana, Michigan, New Jersey, North Carolina, Louisiana, Missouri, Oklahoma, Pennsylvania and Colorado, which has one hospital. The following States have boards of control for charitable institutions, without local boards: Illinois, Minnesota, Kentucky, Washington, South Dakota, Iowa, Kansas, Nebraska, West Virginia and Ohio. Wisconsin has a separate board for county asylums. The other States have various forms of government. In the District of Columbia the Secretary of the Interior has general supervision of the board of charities for the district, and has the power of visitation. Alabama has a board of trustees, supervising jointly both State hospitals, with one general supervisor. Maine has a board of trustees. New Hampshire has a State board of health, which acts also as a lunacy commission, with a single hospital for the insane with twelve trustees.

Frank G. Wheatley, M.D., President, Board of Trustees, Massachusetts School for the Feeble-minded:—In a general way, what has been said here meets with my approval. The initial paper presented in a very comprehensive and clear way the duties of the trustees and their relations to the institution. There are some minor points I would like to touch on briefly, and one of them is the relation of the board of trustees to your Board of Insanity. As far as I know, the relation of my board to the Board of Insanity has always been one of complete harmony. I do not mean by that that we have not had any differences of opinion or that there has been no chance for disagreement. There has never been a policy initiated by our board or any important move taken that was not considered in its relation to your Board, and our trustees have never felt that they were at liberty to do anything of an important nature that they knew was not in accord with the policies of the State Board of Insanity, recognizing that the Board of Insanity was an advisory body, but still a body whose advice we respected. We have felt that the Board of Insanity, a selected body of men who had the general supervision of all the institutions in

the State of that character, were qualified to advise us wisely, so that, so far as our board is concerned, my personal feeling, and I think the feeling of the board, is that the arrangement has been a satisfactory one.

Of course, the boards of trustees are at the present time under more or less of a storm of criticism, and I, for one, believe it is a good thing. I believe any organization or any plan of work that cannot be investigated, and thoroughly investigated, and come out with success shows by that fact that it should be investigated. Our boards of trustees, as a rule, have been doing good work, and I welcome intelligent investigation and intelligent criticism and a fair report of the conditions found, but I think it is fair to say that any body of men, — not referring at all to the personnel of the present Commission on Economy and Efficiency, — but any body of men selected in the way such commissions are has a pretty onerous task thrust upon it. For such a body of men to go through the mercantile institutions of this State, study them and make recommendations from their personal viewpoint, as far as economy and efficiency are concerned, would be a herculean task, and I think this commission have done as well as could be expected, not being themselves experts in the line of work that they were called upon to grasp, — not being especially fitted to go into institutions like the Waverley school and others and determine whether matters were being well administered. Lacking special qualifications, it seems to me they have done very well.

With regard to the chairman's suggestion that the trustees and the State Board of Insanity change places, I feel as if the matter was one that was worth considerable careful thought. I am not closely in touch with the trend of legislative matters, and did not know that this suggestion had been considered. I am glad to know it and shall give it careful consideration.

The thought comes to me that one of the important features of our present system is that each board of trustees has a special institution to take care of, and has an intimate knowledge of the needs of that institution, and therefore is possibly in better condition to administer its detailed affairs than a central board would be.

One word in regard to the thoughts presented by Mr. Whit-

man, whose remarks I very much enjoyed. I cannot quite agree with him that bringing before a board of trustees at a monthly meeting the details of expense is entirely a perfunctory matter. The suitability of the expenditure is properly a matter for the board of trustees, and I have never personally had any question that I was intelligently performing my duties when considering expenditures from the standpoint of suitability rather than from the standpoint of mathematics.

Dr. Edward French, superintendent of Medfield State Hospital:—I am asked to speak on the third question: "Officers and employees, organization of." As a preface it may be well to state the points of difference between asylums and hospitals for the insane as they are generally understood.

As I conceive it, the asylum is designed to care for and augment, as much as possible, the welfare of its inmates. This implies a function of custody, as well as housing, feeding and personal care. The asylum does not need as large nor as expensive a staff of physicians. Its proportion of attendants or nurses, is, or should be, smaller than that of the hospital. Its excuse for being is that it cares for patients at a less cost than the hospitals, and it is consequently an economical factor in the State care of the insane. Another claim, that it relieves the hospitals of the burden of the chronic insane, is only true in a small degree, which is obvious from the small number of really curable insane residents in the hospitals. In all the institutions of this State for the care and custody of the insane there are probably not more than 500 cases offering hope for complete recovery. It follows, therefore, that the great mass of patients cared for in any State institution is largely chronic.

The hospital, on the other hand, exerts most of its effort to cure its patients. The care and custody of the patient, while very important in any institution, sinks to a second place in the policy of a hospital. A hospital, of course, requires a more extensive staff, — a laboratory equipment, a business organization more independent than is possible in an asylum, a nursing force, and whatever other facilities for scientific work are needed.

I am aware that there is nothing new in this proposed scheme of organization, and that it is not a radical departure from the

usual custom throughout this State. There is nothing new under the sun, and any radical departure in such work as we are engaged in requires considerable thought and investigation before it is inaugurated. Beginning with the superintendent, its organization may be outlined as follows: —

The superintendent of a hospital may differ considerably in different institutions. His duties are modified much by his environment, and especially by the size of the hospital. If personality counts for anything, and I believe it does very largely in a superintendent, to do his best work he should know every case under his charge. The human memory is limited in its capacity, and there is a limit to the number of cases a mind will hold. I believe the best work can be done in a hospital of about 600 patients. Unfortunately, this limit is usually exceeded for convenience or economy. In most hospitals he is the chief executive officer and medical consultant. The consideration of the previous question, as to the duties of the superintendent, has perhaps brought out all that is necessary regarding this position, and we can proceed to the second place.

The second officer is the assistant superintendent, who has the routine management of the hospital in the absence of the superintendent and the general medical oversight of the staff most of the time. A pathologist, who may also be a clinical director along special lines of effort, should be independent of the staff with the exception of the superintendent, except in his absence, when he will, of course, in matters of policy, come under the direction of the assistant superintendent. He should be a free lance in all medical work. It is a question in my mind whether the clinical director should not be entirely independent of the pathologist, especially in a large hospital. In a small hospital the two positions may be combined.

Then follows the staff of assistants, who should do medical work only; but as most insane hospital staffs are at present organized, they do a large part of inspection duty in the wards. This seems unavoidable to a certain extent in economical administration. Internes are useful adjuncts, if the right men and women can be obtained. Oftentimes they are useless, as more time is expended in holding them in the proper place than their

services are worth. The social service and field workers belong in the staff, and while directed by the superintendent necessarily must work with the staff. Indeed, the best social worker should have an intimate knowledge of the cases with which she is connected; not only a personal acquaintance with the patients, but a pretty thorough knowledge of the patient's case, its diagnosis, prognosis, etc.

Laboratory assistants are a necessity in the well-equipped hospital. These may be technically trained by the pathologist in certain lines of work, and are not necessarily holders of a medical degree. The atmosphere of a hospital in its wards, and the impression given to patients and their friends, are largely due to the attitude and efficiency of the nurses and attendants. No matter how good the staff may be, it is the nurse who influences the patient. The continuous personal contact and the influence of the nurse are what counts and what impresses the patient. It is the personal attention, sympathy, tact, patience and interest in the patient on the part of the nurse that make the most for comfort and recovery. Hence it follows that this branch of the organization should be the best.

Superintendents of nurses and supervisors should be superior persons with executive ability, and, at the same time, models and teachers to those under their authority. These superintendents of nurses and supervisors should be numerous enough to give a good, thorough oversight by day and night of the various wards under their authority. When a supervisor is efficient he is able to take much of the inspection duty from the staff, and gives them opportunity and leisure for more medical work. Industrial supervisors and teachers have an unlimited field. Here, again, is another form of personal attention which is most beneficial to the patient. I may say that there is no limit to the number of interested industrial teachers in a large hospital. I venture to say that there is no patient, however far advanced in dementia, who may not be helped in some degree by the patient, personal attention of an industrial teacher, either his regular attendant or one who comes into the ward for that purpose, and who can by assiduous, patient work improve his condition both bodily and mentally.

The training school for nurses and attendants is of the greatest use in training nurses, both in the care of the sick and for head or charge attendants. Unfortunately, good nurses are not always good head nurses. Some of the best, possessed of sympathy and tact, lack executive ability, and are not suited to be the head of a ward. Frequently the head nurse is an attendant whose ability or long service makes him or her a better head to the ward than one with training. For this, and many other reasons, it seems necessary to have two courses of instruction in large hospitals, — one, in which the nurse shall have a course of two years or more, with a subsequent service at some general hospital, and one that is frankly devoted to the instruction of attendants only, not pretending to give an advanced course or to teach much in general nursing, but one of great use in training attendants for the peculiar duties of ward service. The head nurse's position is an important one, and she should be dealt with in such a manner, both in wages and other inducements, as to make her thoroughly loyal, and identified with the staff in her interests rather than with the attendants and nurses under her. She can then be depended upon to hold the nurses up to their duty, to check minor abuses, and to steer the ward in its daily course.

The attendants and nurses who are on duty in the wards I do not need to say much about. We all do the best we can in securing the best that are available. The work is trying, and exceedingly disagreeable, especially among the violent and untidy cases, and I think we are unreasonable when we expect to get a superior class of men and women to do this work for the wages we pay ordinary household servants. It is the burning question of the hour with superintendents, and has been so for the past fifteen or twenty years. In an experience of almost forty years in public and private institutions I have come to the following conclusions regarding attendants: the quality of both men and women, and especially men, has deteriorated greatly during the past fifteen years. The outside opportunities of employment at more agreeable work and larger wages have increased, while the work in our institutions has become more arduous, and there has been less increase of wages for these positions than there has been in occupations outside of the

hospitals. I honestly believe that to-day we are getting about what we pay for, and cannot expect much improvement until we make a greater inducement, money or otherwise, for this class of help.

I have not attempted to consider the business organization or the domestic departments of a hospital, as it would take too much time.

Dr. Briggs:—What Dr. French says about attendants is perfectly true. Every superintendent finds each year it is more difficult to get attendants. I hope the time will come when we will get along without attendants, using nurses almost entirely, as they are doing in many institutions outside our State.

Dr. Henry Lefavour, trustee of the Boston State Hospital:—I agree with Mr. Whitman that some of the work expected of the trustees is at present rather poorly done, but I think he is wrong in the remedy. Undoubtedly, the trustees would be wasting time if they examined all the items in the bills for food, yet there is a good principle involved in having this schedule of bills approved by the trustees. There must be some authoritative statement to the Auditor that the disbursements are authorized, and this can properly be done only by the trustees or their representative, since they alone have the right to expend the money appropriated by the Legislature.

It is not a very alluring proposition which the chairman has suggested,—that the functions of the State Board and of the trustees be interchanged, since it would mean an exchange of the visiting powers of the Board for all the governing powers of the trustees. Moreover, since the trustees already have the duty of visiting their institution, and the State Board must continue to visit either personally or by deputy, if they are to discharge their new duties intelligently, this proposition means simply that the trustees are to become unpaid inspectors, and all management is to be concentrated in the State Board.

Before so radical a change is adopted I should like to see the merits of the present system given a more complete trial. I think we have not carried it on in the best possible way. The State Board of Insanity has not done what it might have done in educating and advising the trustees. If this has been due to a desire not to intrude upon the trustees it has been a mis-

take. I feel sure that the trustees would welcome advice and even direction. So far as our board is concerned, I cannot recall a single communication from the State Board that had to do with our duties as trustees. This has been due, I am sure, to a feeling of consideration and nothing else.

What I should like to see, Mr. Chairman, is that larger means should be given to the State Board for more thorough visitation and inspection; that they should have experts for the inspection and criticism of the various services at the hospitals, — dietaries, therapeutics, administration, domestic service, nursing, purchasing and building; that they should obtain the very best information regarding every one of these things, not only in the United States but in other countries, and that the results of these inspections and these investigations should be laid before each board of trustees for the purpose of calling to their attention the possible lines of improvement and the defects in their own institutions as compared with the State standard. If the boards of trustees had such information and advice they could discharge their duties much more intelligently than is possible to-day.

Why, then, it may be asked, should not the whole work be done by the State Board, and the separate boards of trustees abolished? The answer has already been given by previous speakers. There is no question but that a local board intimately acquainted with the special needs of its own institution and in sympathy with the patients and their friends is a valuable asset in the administration of this great problem and is vastly preferable to a purely centralized government with necessarily bureaucratic methods.

H. O. Spalding, M.D., superintendent, Westborough State Hospital: — There is very little I can add along the line of the duties of superintendents and hospital organization other than what has already been mentioned.

It seems to me that the duties of superintendents, in a general way, can be inadequately defined. We can say that the superintendent is responsible for the proper care and administration of the hospital, and the proper care of the patients, subject to the laws and rules of his superiors, *i.e.*, the trustees, who define the policy of the hospital. Beyond that the individual element

enters in so that it is difficult to give the general duties, for the size of the institution modifies the duties a great deal. The duties of a man in a hospital of 600 patients must differ very much from those in a hospital of 2,000.

In the first institution his duties cover a good deal closer attention to detail than is possible in a larger institution.

As to the organization, I feel that the assistant superintendent should be considered the head of the medical department; that most of the medical administration should be through him from the superintendent. He should, in a way, act as clinical director; he should be the one to keep closely in touch with the patients and with the work of the staff and with the wards. Transfers from one service to another, or from one group in the hospital to another, should be made by the physician in consultation with him, and he should be held responsible by the superintendent for same. To do this he should be relieved of a great deal of routine ward duty. If an assistant superintendent is worthy of his position he is too valuable a man to spend his time going around and prescribing for the minor ailments of a lot of patients on the wards and attending to the detail of the wards. The junior physicians should attend to these things under his direction. The departments should be reduced to as few in number as possible, with the competent heads, and yet even there the personnel of the staff and employees must modify to a certain extent the organization. It may be said that if an employee does not measure up entirely to the standard you require get rid of him and get one who does; but oftentimes that employee has many elements of value which you do not want to lose and it is safer to try to develop him, or even put up with a little deficiency in one particular for the sake of his value along other lines.

Dr. Briggs: — I would like to add a word to what Dr. Wheatley and Dr. Woodward have said. We must not feel we are content in doing our work as well as our predecessors. I think, as Dr. Woodward said, Worcester ought to do better than any other hospital if it could be done. I believe we should not feel we are content with doing our work as well as our predecessors or as other States. We should not be satisfied until we do it better than others have ever done it. We must always

feel vigor and enthusiasm, and not get discouraged over what seems to be insurmountable. I think the time is coming when we have got to use surgery in our hospitals, — when we must add surgeons to our staffs to keep our population comfortable, so that they can have operations which are necessary in a daily life of from 1,000 to 2,000 patients; also, along the lines of the glandular developments, I would like to hear from Dr. Southard as to what we can do, or some plan by which we can improve our present organization. We look to Dr. Southard for the scientific inspiration of the work on our wards.

Dr. Elmer E. Southard, director of Psychopathic Department, Boston State Hospital: — I took occasion this morning to write out remarks upon some aspects of the topic of the day, but I now wish to preface these with a few others.

I hardly know, being a director, whether I am a superintendent or not, and hence prefer to speak as a human being. After all, superintendents, as well as trustees, are human beings. The superintendent of the first hospital in which I served once remarked that every superintendent could run a hospital very well if he did not have to deal with patients and especially with physicians. That superintendent well expressed the tendency which we must overcome, — a tendency toward bureaucracy, spelling a system which leaves out the patient, the physician and practically all the human elements in the situation.

The true rationale of business administration in a great hospital will not leave out the human element any more than those large enterprises to which Dr. Fernald has referred, namely, the Standard Oil Company and the General Electric Company, leave out the human problem.

One seldom meets any one who does not feel that he knows how to run a hospital better than the superintendent. In this respect I am no better than any one else, and in the practical workings of the Psychopathic Hospital I have to butt against the personal prejudice that if somebody else comes forward with a proposition that I have not thought of it is somehow a reflection upon me!

Some one has spoken of an "ideal system." There is, of course, no ideal system except a system in evolution. For example, now we need sanitary plumbing which formerly no

one thought of; to-morrow we may need surgeons in State hospitals for the insane; the next day something entirely unheard of may invade the field. If any one thinks he can make now an "ideal system," such a man is a hopeless bureaucrat.

What do we look for in a superintendent? It is easy to demand experience, yet we must not forget that superintendents are "born, not made." A man twenty years a superintendent is not necessarily better on his job than a man with five years' experience. Personally, I would rather have a man with ten years' experience in two institutions than one with twenty years' experience in one institution, if such a man is to be applied to a new situation.

The American medical superintendent, as the naturalist observes him in his lair, is a man who prides himself upon his ability to organize. Americans believe they can organize, and that belief may constitute half the battle. Nevertheless, I find that the superintendent's belief in his power to organize is often based upon his capacity to stuff his mind with any number of details. Sometimes no conclusion is being drawn from the accumulated stuff in the superintendent's mind. Take, for example, the superintendent's pride in "knowing the names of all his patients." I think it is improbable that any medical mind ever carried the problems of more than 20 patients effectively in mind at any one time. An exceptional man might carry effectively in mind the medical problems of 25 or 30 persons, but how any man can know anything important of the individual medical problems of 600 patients is beyond my conception.

I fancy that I could learn the names of 600 to 1,000 patients, but what would I know of vital importance concerning these patients except their names? Another instance will suffice of the details with which some superintendents stuff their minds. I have heard of a superintendent who prides himself on smelling with his own nostrils all samples of food products. This superintendent rarely finds anything wrong in these food products. It is whispered among his assistants that he is so highly evolved from the lower animals that he has a very poor sense of smell.

One of the complaints which hospital superintendents are likely to voice is that, although they had been developed and

chosen for their positions on the ground of medical eminence, they forthwith turn into business men. It is an open secret that superintendents are classified by their friends and enemies as good business men, or the reverse. In point of fact, science has as much application to business as to everything else. Science is bound to win because science is precisely what wins, whether it deals with the injection of salvarsan or with the payment for it.

Success in our institutions obviously depends upon scientific arrangement of the budget. The present budget system of the State Board of Insanity is conceived by all to be a good one. It is, I believe, somewhat in advance of the budget system of many of the other State departments. The system is more or less the product of Dr. Copp's ingenuity and persistence, although he would be the last to insist upon its originality with him. I understand that the system was in part carried out at the Massachusetts General Hospital, and that the Massachusetts General Hospital system was in turn derived from a system in vogue in certain great corporations. A good budget system will beat a dishonest or incompetent superintendent. When certain persons connected with a large national charity organization recently asked me to say something about what their foundation might best do with some of its money, I told them that the best thing to do for the insane, feeble-minded, epileptic and other allied types of degenerate would be to provide a good budget system. For this purpose I advocated a course of study of all the budget systems in vogue in the various States and elaborate comparison of these, — a job which would take three or four years to put through. The Standard Oil Company, for example, could do no better service to the United States than to give us the benefit of its marvellous business organization by conferring upon the State authorities all over the country a proper budget system, elastic enough to meet local needs, but uniform enough to permit effective comparisons.

One of the features of the Rockefeller Foundation's policy which has attracted me is the foundations' adoption of the trustees system. One of the first things that the foundation does, when it is considering the application of money for a given charitable or scientific purpose, is to see to it that there is

chosen a group of impartial persons to act as unpaid directors or trustees. These unbiased persons look into the situation and control, in a certain sense, the policies of the men they hope to put into actual immediate control. One might instance the Rockefeller Foundation for Medical Research; the Rockefeller Hospital; the Eugenics Record Office; the Institute for Research into Certain Problems of Delinquency connected with Bedford Hills Reformatory, and the like.

The German system of running institutions is one which has much to recommend it since it is very probably the most efficient of the systems which we know in the world. What we call the superintendent of an institution for insane is, for example, in Germany a "director." This director is free from direct relations to business, but business is not allowed to control the director, who remains the sole person in authority in the institution. He has a business manager, known as a "*Verwalter*," entirely subordinate to him. The *Verwalter* is a good man, well paid, — a man with special training, just as good on his job as the engineer is on his. Should we ever find it possible to introduce the good features of the German system into ours it would be found that our superintendents could become virtually medical directors, with their minds centered upon the medical and hygienic aspects of their institutions. By having men far above the rank of the present stewards, men well paid and of superior training in the capacity of business managers, entirely subordinate to the superintendent, the superintendent would then have his hands free for the higher functions. As it stands, hardly an institution in Massachusetts possesses a system running so smoothly that the superintendent can hand over to a business manager even the routine operation of his budget making.

What little efforts have been made in this country to secure proper and well-differentiated business management of institutions have developed a two-headed system wherein the medical director and the warden come sooner or later (as a rule, sooner) to loggerheads with one another. The practical economic question is, shall medicine or business lead? It is obvious that medicine must in the long run control. Efficiency in our institutions to my mind demands that the medical superintendents,

if they are to remain in any sense medical, shall possess much more efficient and highly trained business subordinates than they are found to possess. The good medical man in many of our institutions has turned into a poor business man.

When I make suggestions like these to various persons, my remarks are not always received with acquiescence, simply because many persons believe that what has been must be. I would only ask any of you to look into the operations of the German system to see whether what I say is not true, — that the Germans attain business efficiency, medical dominance and no two-headedness.

Dr. Briggs: — Judging from Mr. Whitman, it seems to me it is a matter of detail. I understood him to say that a great deal of the trustees' time was spent in looking over bills of very small amounts and approving or disapproving them. I do not know what the treasurer is for if he is not to go over them and approve or disapprove them, and of course you have the Auditor's department which has that directly under its supervision. It does seem as if the bills of an institution should be gone over by the treasurer, or a subcommittee, and if there is any question it should be brought before the trustees, so that they could take more of their time for more important matters.

The Board of Insanity is now organized into committees, and the finance committee takes a lot of detail work off of our members and gives us time for the larger problems. Our social welfare committee takes another bunch of work off our hands and gives an opportunity for larger problems.

As soon as we know what is going to happen in the general round-up, perhaps we can follow out Dr. Lefavour's suggestion and be of more help to the trustees.

Dr. Ernest V. Scribner, superintendent, Worcester State Hospital: — Relative to the organization of the different departments, the duties of officers and employees, I would say that it has seemed to me that sometimes, after appointing a presumably efficient head of a department, the appointing officer has proceeded to try to administer that department for him. We should get as our assistants, whether medical or otherwise, people who are as large people as possible, people who have

ideas of their own; we should have conferences with them and take them into our counsel and discuss the affairs of the institution with them. In other words, we should teach these people to think with and for us in the administration of the institution. Certain problems should be given them without bias, and they should be asked for an expression of opinion on how to deal with those subjects. In that way we can stimulate the personality of each individual and make him feel that he is a very essential part of the management of the institution and adding dignity to the work he is doing.

So far as the duties of the superintendent are concerned I quite agree with what has been said, — that they must vary in accordance with the size of the institution. I believe that if an institution of more than 600 persons is established, then the superintendent must depend more or less largely upon the reports of subordinates for the detailed information. He will be able to know a certain percentage of his patients and will be able to know them intimately, but he cannot come in close personal contact with all. Now in an institution of 2,000 patients there must be somebody to whom the individual is a human entity and who has a sympathetic feeling with that individual and where the element of humanity must be introduced. I think we superintendents are trying to live up to the requirements of our own ideals and those of the supervising boards, and are also trying to accommodate ourselves to the means that are given us to accomplish these ideals, and it is a pretty difficult proposition, as most men know, to be able to harmonize the different situations that arise in connection with this.

Dr. John H. Nichols, superintendent, State Infirmary: — I should like to say just a word, inasmuch as we have been enjoined not to “mutually admire” one another. I feel that it would be all right, as long as the speaker was not connected with our board, for me not to admire part of what he said, especially in regard to the matter of the formality of going over our bills from month to month. Of course, almost all that an institution does is accounted for in some way or other by dollars and cents, and we have to pay for almost everything that we do or that we get. At the conclusion of every month

there is not a transaction or practical thing we do but what, in a rapid way, is brought before our board of trustees, and that day, just momentarily at least, their attention is brought to nearly every matter. They can inquire, and they do inquire, along the lines of the things that especially interest them.

I thought, as the speaker was describing the duties and the functions of the trustees, that he was describing a time when things were going all right, when there was no trouble whatever. It sounded as though everything was going pretty smoothly. The time when trustees are indispensable, when there is no measure of the value of their services to our institution, to the Commonwealth and to our charges, is when things are *not* running smoothly, when we have our troubles, and all that sort of thing. I do not know what we should do, how the institution could stand, without its board of trustees.

I will not say any more along that line, but if I could be pardoned for bringing in a matter perhaps just slightly foreign to the discussion, for fear the people who are here and who have been attending the hearings during the recent sessions of the committee on State institutions might begin to fall off in their part of the "mutual admiration" for, perhaps, our institution, I would like to read just two short communications, *i.e.*, inasmuch as we were beginning to get a little bit under a thickened atmosphere, I have written this letter, which will explain itself as I go on: —

APRIL 20, 1914.

The Commission on Economy and Efficiency, State House, Boston, Mass.

GENTLEMEN: — Yesterday I read in the paper a report of the summing up of the Board of Economy and Efficiency in relation to matter of public institutions the following: "The most serious condition with respect to misapplication of appropriations noted by the commission was found at the State Infirmary at Tewksbury. Here the commission traced over \$20,000 of money appropriated in a single year directly from maintenance items to the uses by institution officials for the construction of new buildings."

I write to respectfully ask if you will send to me a statement of the items of transfer which are referred to in this report.

Very respectfully yours,

JOHN H. NICHOLS,
Superintendent.

APRIL 27, 1914.

Dr. JOHN H. NICHOLS, *Superintendent, State Infirmary, Tewksbury, Mass.*

DEAR SIR:— Your recent letter to this commission relative to the statement made concerning the transfer of appropriations at your institution has been turned over to Mr. John N. Cole, former chairman of this commission, for his consideration.

It is my understanding that the figures mentioned by Mr. Cole in his final argument before the committee were based on data which you furnished this commission, and a record of which you doubtless have at your institution. The appropriation transfers mentioned by Mr. Cole referred to such matters as the employment of mechanics, laborers and other employees and the utilization of equipment which are financed from maintenance appropriations, on the construction of buildings, excavating, grading, construction of sidewalks and other permanent improvements.

Respectfully yours,

ERNEST H. MALING,
Secretary.

Dr. Briggs:— I think we are all agreed that the boards of trustees, the superintendents and the State Board are just working for one thing, and that is, some constructive program, some constructive work. I think we do need encouragement and recognition of the good work that has been done in every way, but if we dwell only on the good work done and are not willing to receive criticism we shall not get very far. I believe that there are certain vital conditions for the trustees and superintendents to take in hand, — conditions that have existed for a great many years, which seem to be insurmountable. One is the frequent changing of the nurses and attendants. There was a committee of superintendents appointed to study that question, and I hope they are still studying it and that the work they have done will not be stopped but will be carried to some successful end, so that the attendants will be eliminated to a great extent, and the grade of nurses will be so raised that we shall be able to keep them and graduate them and have them out in the community, not only as nurses, but as educators among the families and public.

There are altogether too many changes among the assistant physicians. That is due, probably to a great extent, to lack of funds, but I think if you ask for more funds, and bring out the reason why you want more money for assistant physicians,

you will get it. More than that, you have got to educate them more along the lines of psychiatry. I do not believe a superintendent can educate his assistant physicians and take care of his patients if he has over a thousand. I think the Psychopathic Hospital will eventually train all the men we need for assistant physicians, interesting men from the medical schools in this specialty. Men who teach mental and nervous diseases can pick out and interest promising students and try to steer them into this line of work and to the Psychopathic Hospital, and from there many would go to the State hospitals. I do not see how else we can get good assistant physicians who are going to remain. As it is to-day, a good many nurses and attendants who come to the insane hospitals for a job have no interest in the work whatever. A good many assistant physicians are young men who have failed in hospital appointments and are unable to start in private practice and must take a position where they can obtain a living wage. All these standards should be raised; superintendents and trustees should continue their work along these lines.

The thirty-second semiannual conference was held at the State House on Nov. 24, 1914. Dr. Michael J. O'Meara, chairman of the Board, presided. The subjects for discussion were:—

1. Uniformity of hospital records and better classification of patients.
2. Slippery floors as a means of accident.

The views of the different speakers as expressed at this conference were as follows:—

Michael J. O'Meara, M.D., chairman of the State Board of Insanity:— Each hospital has its own method of keeping records, and each method may have one or more desirable features; but the Board does not believe that the method used in any one hospital under its supervision possesses all points of perfection, and it hopes through discussion to learn what is best in each and to recommend the best to all, and thus inaugurate the adoption of a uniform system of record-keeping in all the State hospitals.

The second topic — “Slippery floors as a means of accident” — may seem, offhand, trivial to present as a topic for discussion. But, unfortunately, slippery floors are the cause of many accidents. Within the last two months there have been thirteen accidents reported to the Board, all associated with broken bones, and all due to slippery floors. These facts seem to us sufficient justification for selecting this topic for discussion.

I will ask Dr. Frost to speak on the first topic.

Henry P. Frost, M.D., superintendent, Boston State Hospital: — I did not quite understand whether the topic was classification *in* institutions or *within* institutions, and what I have jotted down refers altogether to classification within the institution.

For the patient and for the management equally no single factor in hospital administration is of more importance than proper classification. It is seldom that conditions permit a thoroughly satisfactory solution of this problem, for that depends upon having just the right number of wards of the proper size and arrangement to fit the local need and to keep on fitting it as the institution grows; but it is surprising how often the facilities that are at hand fail of utilization because of inertia or concession to prejudice of ward physician, patient or family against transfer, but chiefly to incomplete realization of the importance of the matter, or perhaps to full realization of its complexity.

For indeed the proper grouping of our many charges of varied types is by no means so simple as might appear, and it becomes much more difficult if attention is paid not only to types but to individuals, as should be the case. I am convinced from my experience both as an assistant and as superintendent that this is an item of hospital management that requires the careful personal attention of the head of the institution or of one representing him equally in all divisions; otherwise, the natural tendency of the physicians to retain in their services the patients they know, in whom they are interested, and whom they are treating, will inevitably outweigh other considerations, and they are also much more ready to accede to the nurses' desire to keep in their wards the patients who are agreeable and helpful, even though they no longer fit best there.

One would suppose that transfer from ward to ward being easier in an institution of the linear or pavilion type, there one would find the best classification, but I believe that as a rule this is not so, because the very fact that all kinds of patients are closely gathered together, practically under one roof, antagonizes the idea of complete separation of classes, and hampers the development of the keenest sense for classification. The possibilities are vastly better in institutions on the cottage or detached building plan, — an arrangement which fosters complete separation.

To a slight extent only will a useful and workable classification be based upon the psychiatric diagnosis. The behavior, the susceptibilities and the needs of the patient are the things to be considered. There will be paretics for every ward, from the violent and infirmary ward to the convalescent, and so with seniles, paranoiacs, the alcoholics, etc., — only melancholia and mania are well separable and these not absolutely, as the agitated depression often needs to go into the excited ward. Even epileptics cannot without injustice be put all together; and the constitutional defectives, again, present differences in mental capacity and disorder of conduct which necessitate their distribution among other groups.

Having stated in general terms the importance of classification and the principles on which it should be based, what are the practicable and useful divisions in a large hospital for the insane? I will enumerate those contemplated and for the most part provided at the Boston State Hospital, where, for the first time in recent years, there has been opportunity in this State to plan a complete institution for the treatment of all classes of patients.

The primary classification is by buildings well separated from one another, in which there is subclassification in wards, all of small size except a few for infirmary cases and for a quiet class of medium-grade patients, mostly workers, who do not remain in the wards during the day.

There are separate small reception wards for the acutely excited, the quiet (principally depressed) cases, and for a group intermediate between the two; semiconvalescent and convalescent wards, the latter with open doors and parole;

wards for each grade of chronic excitement and for several stages of physical infirmity, besides special hospital wards; cottages for two grades of industrial patients, the better grade in the smaller units; and several wards for the miscellaneous overflow groups which do not fit into any of the above.

The large wards, as in the infirmaries, are practically subdivided into three small wards with open communication, giving classification within each large group while preserving economy in service and ease of supervision. This same principle of intensive classification is carried out in the wards for the excited patients, both acute and chronic types, and is, I believe, a very essential feature of the scheme, permitting a patient with part-time excitement to be separated on occasion from his noisy fellows.

The advantages to be derived from good classification are for the patient, — the kind of care and treatment that he needs, in surroundings that are adapted to his requirements, and, so far as possible, congenial to his tastes. Thus the newly arrived patient finds in the reception ward doctors and nurses intent upon giving him first-care observation and treatment, — the sick patient by transfer to the hospital ward finds himself in an environment dominated by the nursing and medical spirit of a general hospital, and his treatment there is very different from the incidental attention he would receive if left to lie abed in the industrial cottage, from which we may assume he has been transferred. The prompt removal of a convalescing case to quieter and pleasanter quarters is plainly a matter of justice and common sense. Just as much so is the change of a newly excited patient from a quiet ward to one where the régime is planned for the treatment of excitement. In this case it is not altogether a question of relief afforded in the quiet ward by his removal, but he is actually better off in the excited ward under altered discipline and special treatment which cannot be so well applied anywhere else.

For the hospital management proper classification of patients is the high road to efficient service; without it, it is impossible to define duties and delimit responsibility. Each ward should have its special function in the general scheme of the hospital, and should be organized and manned with reference to the work that is assigned to it. A condition essential for success is that

there should not be imposed upon those in charge other and conflicting duties, such as they are not organized and equipped to fulfil. Failure to properly classify patients and distribute the tasks incidental to their care, and failure to estimate correctly the size of each ward's problem and to assign enough nurses and the necessary equipment for the work to be done, is responsible for much discouragement, ill-feeling, short service and generally unsatisfactory results.

This cannot be better illustrated than by reference to the important question of occupational training, which in certain lines is most advantageously made a part of the ward life. It will not take root and flourish unless conditions are made right for it by judicious grouping of patients. The nurses cannot carry out our instructions and effectively direct and supervise their handiwork classes if distracted by other duties equally imperative, nor is the placidity of a sewing circle attainable by the industriously minded patients in the midst of mischievous interference.

Not only as a promoter of efficiency, but also as a measure of economy, is careful classification of value to the administration. Fewer nurses are required where the work is concentrated. There is no unnecessary duplication of effort and overlapping of functions. Large groups of patients can, by proper classification, be left with scarcely any supervision at all, with their ward doors open to the world, releasing their caretakers to serve where they are needed.

Segregation of the tubercular and isolation of all infectious cases are mentioned merely as routine requirements of self-evident importance.

Dr. O'Meara: — Dr. Fernald will discuss the better classification of patients, and before proceeding with the topic is requested to say a word about Dr. Frost's paper if he does not agree with all the ideas expressed in it.

Walter E. Fernald, M.D., superintendent of Massachusetts School for the Feeble-minded: — I am sorry I did not hear all of Dr. Frost's paper. I agree with everything he said which I did hear.

We are apt in America to-day to estimate the worth of almost everything by its efficiency. Surely the efficiency of our hospital service is largely measured by the fineness of our classi-

fication of our problems. In the watch factory, for instance, the cost of the product turned out depends very largely upon the differentiation of the processes, so that one person or one group of persons are engaged in one special activity. I find it difficult to boil down to ten-minute space the ground which I really wanted to cover, and with your permission I will speak informally rather than read a formal paper.

I was particularly interested in the classification of patients in the different institutions of the State. Our dependents, defectives and delinquents are grouped now under three main divisions. The Prison Commission have the delinquents; the State Board of Charity have the paupers and many of the dependents; and our Board of Insanity have the mentally ill and mentally defective. It is almost impossible, of course, to look for a scientific and for an effective classification between these three great main groups. I find it difficult in our own group — the group of mentally ill and mentally defective — to obtain a satisfactory classification. Theoretically, our hospitals for the insane care only for the insane. As a matter of fact, every hospital for the insane has among its population those who are only technically insane. They have senile dementis; they have cases of epileptic insanity; they have insane imbeciles; and they have many unclassified cases, — the defective delinquent type or other types, who, by the unreasonableness of their conduct, really seem to classify with difficulty elsewhere. So with the hospital for epileptics which theoretically takes only those who are epileptic. As a matter of fact, the hospital for epileptics is obliged to receive patients who not only are epileptic, but those who are insane, those who are subject to frequent or infrequent attacks of maniacal violence, who are suicidal, homicidal, etc.; cases of epilepsy who are also paralytic, cases of spastic paralysis and actually mentally defective, where idiocy or feeble-mindedness or spastic paralysis is caused by the same lesion which caused the epilepsy.

Now in our school for the feeble-minded we are supposed to care only for the cases of feeble-mindedness, whereas, as a matter of fact, at all times we have a large number of cases of epilepsy and a large number of cases of mental disease. The individual patient question of whether a given patient is primarily committed to the school for the feeble-minded at

Wrentham or Waverley, or to the hospital for epileptics, or to one of the insane hospitals, depends largely upon the experience and the knowledge of the examining physicians. Many general practitioners, I am sorry to say, regard all cases of mental illness or disturbance occurring in juveniles or in the adolescent period of life as feeble-mindedness, so that we have committed to us as primary commitments every year numerous cases of dementia præcox and all other forms of mental disease likely to be found in the juvenile and adolescent, and these cases do very well; in fact, many cases of dementia præcox do exceedingly well under the conditions found in the schools for the feeble-minded. The recreative exercises and the sense and motor training — re-educational processes which are effective in the treatment of feeble-minded — seem to work very well with some of these cases, so that we have nearly every year sent home cases of dementia præcox with temporary recovery, perhaps, or they lead a contented and comfortable existence in the school.

At the school for the feeble-minded we have at the present time over 140 cases who have more or less frequent epileptic attacks. The point of view of the examining physicians decided that the patients be committed on account of the mental defect rather than on account of the epileptic attacks, or the occasional attacks of excitement and of mental disease, which are so often a part of the life history of the epileptic imbecile. This is rather a delicate matter. A physician who has honestly committed a patient as feeble-minded has to be informed with a good deal of tact that he has made a mistake, and that the patient is not feeble-minded but suffers from dementia præcox, or that he is a simple case of epilepsy, or that he is a case of terminal dementia and should have been committed to a hospital for the insane, or to a hospital for epileptics, or to some other institution rather than a school for the feeble-minded.

As a matter of fact, all of our institutions are, and will continue to be, clearing houses where these various forms of mental disease and defect are received, and where they must be reclassified and regrouped until they reach the environment best suited to their needs.

In a given case of mental disease or epilepsy we should settle the final disposition of that case with reference solely to the welfare of the patient himself. In a given case the question

would come up as to whether the patient should be permanently cared for at a school for the feeble-minded or at the hospital for epileptics or in an insane hospital. The disposition of that case will depend upon the facts in the case. Is the epilepsy the predominating difficulty? Or is the epilepsy merely an incidental episode in the course of his life history, as it is in the majority of the 140 or more patients whom we have suffering from epileptic attacks? Of course, in the past, in our State institutions, the varying space available and the varying accommodations have modified the policy of the State in reclassifying these patients. At the time that the insane hospitals were very much overcrowded the school for the feeble-minded had plenty of room, and the cases of mental disease sent to the school for the feeble-minded, or developing among the patients there, were retained there because of the overcrowded condition of the State hospitals. Years ago, when the hospital for epileptics was opened, a very large number of patients suffering from epilepsy were transferred from the school for the feeble-minded to that hospital, without very much regard to their mental condition, because the State Board of Insanity felt it was wise to make that grouping.

The particular difficulty in the reclassification of our patients has been the absence of a tribunal, or the absence of authority, to determine the relative fitness of patients for one institution or another. It is too much to expect that any one man shall be an expert in epilepsy, in feeble-mindedness and in insanity. In the past, the matter of these transfers has largely been left to the initiative of the individual institution, and, as Dr. Frost intimated, has largely been left to the initiative, perhaps, of the junior members of staffs, who may wish to retain a certain patient or to be rid of the difficulty in managing that patient.

It has long seemed to me that it would be possible to better conditions by having an informal organization of some sort representing the different institutions, who perhaps might assist in formulating a policy, and who perhaps might assist in individual cases in the decision as to whether that particular patient should be classed with the insane or with the epileptic or with the feeble-minded, or any other division. In Ohio the reorganization of institutions a few years ago provided that

all of these cases — not only the mentally defective and mentally ill, but the criminalistic classes — who were committed to any institution should be committed, not to any special institution, but to the custody of the central board of control, and that the board of control and its agents should have full authority in the grouping and classification and reclassification of these dependents, defectives and criminals, from time to time, as conditions might warrant. Under this system a prisoner sentenced to the penitentiary in one month or six months or twelve months, with little elaboration in the way of red tape, might easily be transferred from that penitentiary to a hospital for epileptics, and if he proved unsuitable there, could be transferred with equal ease and speed to some other institution until he finally found his proper place. I have been interested in the working out of that law, and I understand that there are some difficulties. I believe that a committee was formed representing the different clinical points of view, which is assisting in the working out of this plan.

I doubt if in this State, at the present time, patients are transferred because of a desire to be rid of those particular patients. From my knowledge of the different institutions I believe all of the superintendents are retaining patients whom they honestly believe would be better off in other institutions, rather than to give the slightest suspicion that they wish to be rid of those particular patients. There is no question but what our patients would be benefited, our service improved and our institutions more economically managed if we were able to eliminate from our institutions those patients who are now foreign bodies because they do not grade or classify with the other patients in the institution.

Dr. O'Meara: — Dr. Fernald, I want to ask if you regard the so-called constitutional defective of the high-grade delinquent type as properly classified in your institution?

Dr. Fernald: — No, sir, I do not. That is the plan of the law which provides for the classification of that group of defective delinquents either in an institution by themselves or in a separate department of the institution planned for the criminalistic. That law has not been put into operation. This class of defective delinquents have given the most trouble, particularly in insane hospitals and schools for the feeble-minded.

Dr. O'Meara:— Do you think the hospitals have the legal right to hold this class — that under habeas corpus proceedings on the part of any interested outside party who might desire the release of a patient the court would sustain the hospital in detaining that patient?

Dr. Fernald:— The legal recognition of that type provides for their care as a part of the penal system, and they are in your care because no provision has yet been made for them in the penal system as contemplated by that law. That law requires only the order of the Governor to make it effective. It provides that by proclamation of the Governor certain departments may be set aside in certain designated penal institutions for the care and detention of this class of defective delinquents. Really, the only obstacle to the application of that law is administrative action.

Dr. O'Meara:— You do not think this type is properly classified in hospitals for the insane, yet we have them on all the wards in all the hospitals under our supervision, and if they are not insane, why should we be expected to take care of them?

Dr. Fernald:— Of course the care of that class is a most prickly problem. It would be very difficult under any conditions to permanently secure the care of the class described. They are the bane of the reformatories and the bane of the prisons, and they are the patients we all dread to see. It is easy to get experts to testify that they are irresponsible and equally easy to get experts to testify that they are responsible.

Dr. O'Meara:— If they become involved in trouble, isn't it true that experts testify that they have legal responsibility, and the law holds them and penalizes them, and in this sense they are treated as normal individuals?

Dr. Fernald:— That is true, but we are now describing the borderline cases. There is a large group where the irresponsibility is universally admitted, — where there is no question about their responsibility. Their intelligence is so near the normal line that it is very difficult to persuade the courts.

Dr. O'Meara:— I want a point of view in regard to a class distributed throughout our institutions. Each institution has

quite a few, and because of their trouble-making propensities they are distributed about the different wards. The superintendents do not regard them as properly classified in the insane hospitals. You do not want to assume charge of them, because you do not regard them as properly classified in your institution. Is it practicable to bring those of them in the hospitals under our supervision together in one building set apart for their special use? When it is agreed by medical staffs that they are not insane in a legal sense, have we a right to hold them in institutions under the supervision of the State Board of Insanity?

Dr. Fernald: — The present law provides that they shall be segregated, and that the institution shall be under the Prison Commission. At the time the law was formulated it was believed that eventually this class would come under the custody of the Board of Insanity. As a matter of fact, however, the first application of this law would be to classify the persons now in the penal institutions serving sentences; the original commitment of criminals as defective delinquents would probably be begun very slowly. I have had applications this week from three judges, asking as to why the operation of law was delayed and why it was not possible to commit as defective delinquents persons arrested and brought to their courts who undoubtedly are irresponsible. We have this law on our books, a dead letter, because of this administrative delay in putting it into operation. I think it would be very difficult to care for this class on a large scale in a hospital for the insane or in any school for the feeble-minded. This particular class requires the discipline — and the rather grim discipline — which is probably necessary with the criminal class. The altruistic methods of insane hospitals and schools for the feeble-minded are rather wasted upon them. The methods employed in the schools for the feeble-minded are not applicable at all. They are most ingenious in their efforts to escape. In the schools for the feeble-minded the female defective delinquent patients constitute the only problem of this class because the male defective delinquent runs away. We have had twelve male patients of that type run away within a year, and get into the navy, or wander to the Pacific coast, or some other distant place. We

have not been able to make guards or locks or other precautions sufficiently strong to hold them. They require, in my opinion, the thorough security of a prison if we are to hold them.

Dr. O'Meara:—Why should you try to hold them if they are not properly classified in your institution, if the criminalistic element overshadows a very slight feeble-minded feature, even though they have been committed to you by the courts?

Dr. Fernald:—I do not believe that they belong with the great mass of the feeble-minded. I believe they are irresponsible. I doubt the practicability of classifying them with the feeble-minded under any conditions that we are likely to have. The presence of these patients interferes very materially with the morale of your nursing or medical staff. They are so revengeful, so ingenious and so disagreeable that I think in spite of all you can do they prejudice your staff in a way very detrimental to the welfare of the other patients.

Everett Flood, M.D., superintendent, Monson State Hospital:—It appears that there have been many accidents from slippery floors.

Perhaps I am not as well qualified to discuss the subject as some others, as personally I have known of very few such accidents. One would think that there would be greater liability of such falls with epileptic persons than with insane persons. The accidents of which I have known have occurred because of the slipping of small rugs on smooth floors, and would not have happened if no rug had been used. The development of the arts and crafts work and the desire to make use of the products of labor from these more than ordinarily inefficient patients seem to lead to this end. The pretty rugs are used because the patients like them and they add to the attractiveness of the rooms and wards, but the lighter variety of bedside mats are very apt to lead to slipping and often to falling. The only fall I have recently known about has been where a patient was suffering from myoclonus, and her jerky movements would have resulted in a fall on any kind of floor; it did not require a smooth floor for this. The resulting Colle's fracture was the natural and unavoidable result of this condition and would in no way have been more likely to occur

if the floor had been slippery. One would suppose epileptics would be liable to fall on the stairs. As a matter of fact, few such accidents occur. I do not now recall a single one of any seriousness that has come from a fall on the stairs. Patients do not seem to have fits while on the stairs. The time of going up and down is comparatively so short that the chances are very much in favor of the fit occurring while the patient is in his usual place of work or at play.

Some years ago at Gallipolis they built inclines from the wards to the ground, and it was thought that an advance had been made. The trial proved that this was the most dangerous kind of approach. The patients were not used to such steps and they were constantly falling. Either going out or coming in they suffered in the same way. The employees complained quite as much as the patients, for it was awkward and dangerous. The stairs are the customary way, and are hence the least dangerous of any method.

It appears to me that the accidents which occur from slippery floors are more often due to the fact that patients are not accustomed to smooth floors. We see this well exemplified with persons who are not patients. The unaccustomed slide and sometimes fall, while the accustomed never feel in danger or seldom give the matter a thought. I should except the instances where one steps unexpectedly on a small pliable rug. Then the most expert may fall.

Smooth board floors are rather more slippery than smooth linoleum waxed floors. With our hard pine floors there has been but rarely a fall; with the waxed linoleum floors, which are quite as smooth and more shiny, I do not find greater danger. So that as far as my personal experience goes, smooth floors or linoleum floors are not overdangerous and have so many advantages that I should dislike to use any other kind.

Dr. Harry O. Spalding, superintendent of Westborough State Hospital:—Accidents caused by slippery floors fortunately have not occurred to any great extent in my work. In reviewing the accidents resulting in serious injury and reported at Westborough during the last two years and a half, I find only one which was attributed to a slippery floor. This was the case of a large woman, not insane, but an habitual inebriate, who

was working in the laundry and slipped on the granolithic floor, receiving a broken leg. There was one other case in which a slippery floor might be considered a factor. A general paretic, clumsy on his feet, ran down the corridor and started to slide on the floor, but as he was sliding his feet went out from under him and he fell, bruising and slightly cutting his face. In this case the floor was paraffined and rubbed, but did not have what would be considered a high polish, so that the slippery floor should not take all the blame.

To prevent these accidents there seems to be only one way. Since we cannot get rid of the patient, obviously we must get rid of slippery floors. This is easier said than done. I do not think of any floor adaptable to hospital use and finances which is not at times slippery, some more so than others. Terrazzo tile, granolithic and similar floors are treacherously slippery when wet from recent scrubbing or washing. The same is true to a certain extent of linoleum. Wood is, however, probably the most frequent offender. If simply scrubbed it is rough, — absorbs moisture, and is difficult to keep sanitary. However, if the floor is oiled, but not to the extent that a black gummy residue remains along the edges and in the corners, it will not readily absorb water, grease and dirt, but it is dark and rough. If waxed or paraffined or polished it sheds water, and dirt is easily swept up or collected, but the tendency is to overpolish such floors. The nurses and attendants take pride in seeing the floors on the wards shine, and I have had occasion to caution them not to block the floor so much, — not to get too high a polish.

The best floors for sanitary reasons and safety are the terrazzo tile and then the linoleum; then the wooden floor — oiled and scrubbed on untidy, disturbed wards, waxed and polished, but not to a high degree, on other wards — is about the rating I would give floors, with these two points in view. There may be other factors to be considered in deciding on the type of floor to be used, but our question is not hospital floors in general but slippery hospital floors as a cause of accident, and, as it happens, they have played a small part in causing accidents at Westborough.

Dr. Briggs: — I should like to ask Dr. Spalding if he still approves of patients polishing the floors with these large pol-

ishers rather than participating in other occupation. Do you consider that an economical measure?

Dr. Spalding: — There are certain patients who would occupy themselves in that way part of the day rather than in doing other things. Certain patients will do that when they will not be trained economically to do any other special feature, but that is a question.

Dr. Briggs: — Do you think they would not be interested in anything else?

Dr. Spalding: — It is not a thing which should be continued all day, that patients should polish the floors on the wards, but patients could polish floors part of the morning and get the floors into shape for the day.

Dr. Briggs: — It would seem in the last few months that quite a portion of the accidents reported to us have been due to falls where patients were not especially weak or diseased, and that they would not have fallen if it had not been for slippery floors. I should like, without mentioning the names of the hospitals, to cite two or three cases here to warrant this discussion, also to see if we cannot reduce the number of accidents.

Female patient, on September 19, slipped on bathroom floor, receiving a cut over the right eye about one-half inch long, requiring one suture to close.

Male patient, on November 9, while engaged in argument with another patient, slipped and fell, sustaining fracture of the left clavicle in the outer third and strain of right wrist.

Female patient, on September 9, fell on floor of toilet room, floor being dry, resulting in a shortening of about one-eighth inch of left lower limb; probable impacted fracture of hip.

Female patient, October 18, pushed by another patient, slipped on the floor and fell, striking on her right side and shoulder; possible fracture outer end of right clavicle, ecchymosis of tissues anterior surface of shoulder.

Dr. Briggs: — These are taken at random, not all the cases by any means, but where there has been a fracture of bones due to slippery floors. Of course, you must deduct a certain portion who would slip on the floor anyway. It seems that there is hardly a batch of accident reports coming to our office in which you cannot assign one or two to slippery floors, and

if there is any way to reduce these accidents by not polishing floors so arduously at times as they do, we would like to know it.

Dr. Spalding:—I think I brought that point out,—not to get a high polish on the floors. Of course, in the water section the floors are not polished, and the accidents are probably due to the floors being wet. How that can be prevented is a pretty hard thing to say. I have, in some of the shower baths, used a rubber mat with the corrugated side up, which prevents slipping on the wet floor.

Dr. Briggs:—Do you think a rubber mat or a strip of some sort in the entries would prevent some of the accidents?

Dr. Spalding:—I was connected with a hospital once where they used rubber runners in the halls, but not with the corrugated side up. These, after being polished, are very treacherous unless you use the rough side up, but this catches the dirt and is difficult to keep clean. A rubber floor would be fully as slippery as any other. There is a question as to the importance slippery floors play as a factor in some of these falls, but some of them doubtless are due to slippery floors. In the case of a patient, rather feeble, who gets out of bed suddenly and loses his balance and falls, slippery floors should not take all the blame.

Dr. Briggs:—In a great many instances patients slipped on the floor before going out of the room.

Dr. Spalding:—The only thing I can say is not to polish floors so highly; be content with paraffine or oil without the high polish.

Dr. George M. Kline, superintendent, Danvers State Hospital:—From time to time institutions are called upon for abstracts of the clinical records of some patient admitted to the hospital during a period when the clinical records were kept in a case book. Not infrequently patients are now admitted where the father, mother or some other relative had been in an institution, and it is desired to learn the character of the psychoses from which this relative suffered. In these instances, as well as in research problems requiring reference to the old case books, are we made to realize the advantage of present methods of recording clinical observations over the old case-book method.

From the opening of the institution at Danvers in 1878 to 1899 the clinical records of patients were kept in record books, a page being assigned to each patient. When this page became filled additional space toward the end of the volume was utilized, and should this in turn be filled another page in still a different part of the book was used. We all know the difficulty experienced in looking up these old clinical records. The records themselves, often illegible, more often meager and incomplete, were usually made in the physician's own handwriting, and accordingly limited in variety only by the number of physicians on the staff at the time.

It is not difficult to conjure a picture of several physicians, each with many patients to note, wishing to record their observations at the same time, with a result that little was written and much left to the imagination of those who now might wish to investigate the mental sickness of an old case.

Probably all institutions now use, and have used for many years, the loose-leaf envelope system of clinical records. This latter method is a vast improvement over the old case-book method. This is due in part to the fact that the physician is not restricted to the use of a few pages, and is no longer dependent upon his own efforts as a penman.

Either stenographers or dictating machines are now rather generally used to conserve the physicians' time for more important work and yet not detract from the value of the clinical records.

Even the loose-leaf system had its drawbacks, inasmuch as the methods of each assistant physician were varied, and observations were typewritten in the order that they were made.

A satisfactory clinical record of a patient should comprise the following divisions: —

1. Anamnesis.
2. Physical examination.
3. Neurological examination.
4. Mental status.
5. Running ward notes.
6. An abstract of the case with a symptom index sheet.

For some years we have followed the above arrangement of recording observation in every case. Each division is begun on

a new page, both sides of the sheet being typewritten on in the interests of economy and to avoid bulkiness in filing.

Inasmuch as assistant physicians are changing from time to time and there is a difference in their ability, based in part upon experience, it seemed desirable to standardize their work as far as possible and thus make for a uniformity of clinical records. To accomplish this end a printed outline is now used by the physicians to guide them in their examination of patients admitted to Danvers.

The stenographers in typewriting likewise follow this scheme, so that our clinical records show a similarity in form, are easy of access, and one knows just where to locate the history, mental status, physical examination, etc. In short, it is believed that the clinical records have been standardized in so far as our hospital is concerned.

If the physician faithfully follows such an examination scheme the clinical records will be complete and uniform, and there is nothing of importance omitted. Inasmuch as the assistant physician, to whom a patient on admission is assigned for examination, must present the patient at staff conference, at which time the clinical records are scrutinized by the other members of the staff, a good check on the physician's work is obtained.

A definite schedule is also followed in taking ward notes. It is required that a note be taken when a patient is received, known as an admission note, and consisting largely of the patient's own statement.

The second note is made on the third day; third note, on the sixth or seventh day; then one note a week during the first month is taken; one every two weeks for the next two months; one a month for three months; and one note twice a year thereafter.

Ward notes are made at the time of injury or difficulty with nurse or attendant; at the time of any acute illness; when patient is presented at staff meeting, showing various opinions of staff; and when request is made for discharge. Escapes, return from escape, visits and return visits are also noted.

A memory tickler system is made use of in keeping physicians informed as to time notes must be made regarding con-

dition of patients on their services. It is only in this way, with so great a number, that patients are not lost track of and that their conditions are systematically noted.

The running ward note is abstracted and the heading typewritten in capitals. The last note gives the present condition of the patient both mentally and physically.

No doubt all the State hospitals of a given type make use of some such examination scheme and method of recording the clinical observations in each patient's case, the only difference, possibly, being in minor details.

If this be so, the question of uniformity of clinical records depends almost entirely upon the selection of a satisfactory examination scheme to be followed by the physicians.

From abstracts received from other hospitals in this State it is safe to say that little difference exists in the forms upon which clinical records are typewritten. These differences are largely a matter of color and size of the sheets of paper. The outside case is a printed form with headings to facilitate making up the statistical tables for the annual report. With these matters agreed upon, a uniformity of the clinical records both in appearance and character of the work could undoubtedly be accomplished with very few changes over methods now used.

The more thorough the knowledge of our patients, — and the clinical records are a good index, — the more intelligent the division into groups of the various classes of patients.

The subject for discussion — uniformity of hospital records and better classification of patients — could easily and properly have read, “uniform records will result in a better classification of patients.”

A uniformity of clinical records throughout the State seems desirable, also, in order to permit of a more accurate State-wide study of the various groups of mental disease. The scientific work of the hospitals could be correlated and compared more easily and to greater advantage.

Were all the institutions to use the same clinical forms, a marked saving in stationery would probably result. The use of the same examination scheme by all State institutions and a uniformity of the various sheets for typewritten records have proved of advantage in other States.

Dr. Albert C. Thomas, superintendent, Foxborough State Hospital: — When, a few days ago, I was asked to read a ten-minutes' paper upon the "uniformity of hospital records and better classification of patients" before the semiannual conference of the State Board of Insanity and trustees of the State institutions under its supervision, I hesitated until assured that what was wanted was merely a reference to records in general, as kept in various institutions, and for the sole purpose of encouraging discussion to-day along the line of a greater uniformity in our own institutions, which would in turn assure a uniform interpretation of our various records and reports when from time to time, they are necessarily submitted to the same executive bodies. So I shall make no effort to cover the possibilities of the subject, but simply call attention to a few of the more common, essential daily records of our several institutions now in use, and invite a discussion upon the merits of a more general standardization and uniformity of the same, almost wholly from the standpoint of the individual institution.

Your knowledge of my lack of familiarity with the details of your methods now in use will preclude the possibility of anything I might say being intended as a criticism of the existing routine.

I note with satisfaction the marked progress already made in the systematization of the reports exacted by the State Board, and of the financial reports, demanded by legislation, to your State Auditor and other executive bodies since my residence in one of your institutions some years ago.

While the whole value of some of these reports as now rendered may be questioned by some of us, we must all agree they are essential in spirit, have their decided advantages even to the individual institution, and are a development along the lines of assured efficiency of individual organization.

Granting, then, that we agree upon the principle of the uniform records and reports as now in use, such as certain statistical reports to the State Board, financial reports to the State Auditor, and the system of requisition, etc., would it not be to our mutual interest if we could go a step further, without serious inconvenience to ourselves, and extend the system to include more uniformity of reports of the daily activities of our respective institutions?

To illustrate: we are constantly having patients transferred from one institution to another, and admitting patients to one institution who have had a previous residence in another, and as a necessary result one institution is constantly asking the other for an abstract of its records.

These abstracts, let me add, as far as my brief experience here is concerned, have been cheerfully and promptly supplied at an expense of great labor, but would it not be to our mutual comfort if we could adopt, say, a uniform initial sheet, both in size and arrangement, of the essential statistical data, and possibly space for the preliminary physical examination made immediately following the patient's admission?

Would it add materially to our labors and would not the additional tax upon our respective clerical forces be more than offset by the advantages of having also a diagnosis sheet of a distinctive color, with diagnosis, differential diagnosis, etiology or predisposing factors, suggested treatment and prognosis in full?

I question very much the advisability of attempting further uniformity in the methods of examinations, histories, etc., for fear of limiting the observations or encouraging them to become more or less stereotyped and of lessened value. I have found many times, however, that patients under my own daily observation had developed some physical condition of long standing that had not been observed by me until the disease process was well advanced, and I feel that the only possible way to avoid this, even in a measure, is by having complete physical examinations made and noted at stated intervals, in addition to the casual note or notes bearing upon special conditions.

Clothing and valuable lists may seem of less importance, but here, again, if of uniform size and arrangement they would, in transfer cases especially, become a part of the permanent file and record of the institution to which the patient is transferred, and a source of much comfort when a hasty reference is necessary to satisfy the inquiries of friends and relatives. In this connection I should like to invite discussion as to what methods have been found most satisfactory in reference to the handling of accumulated moneys belonging to the institutions' various wards.

The regular and special diet slips seem to be of still less importance, but if of uniform size and method of filing would be a convenience for ready reference when inquiries were made by a board of trustees. And, if any one has solved the problem of a laundry list and a repair slip, with a satisfactory method for checking the same, I am sure I could profit by its adoption.

Of much more significance, however, is the nurse or attendant's daily ward report, which, I believe, would prove of inestimable value if it were uniform in size and arrangement, and contained concisely and accurately the daily activities of the patients of each ward, enumerating briefly such facts as number of attendants and nurses upon duty; number of beds in single rooms; double rooms and dormitories, with number occupied in each instance (this should, of course, show in each case where more patients were in a room than were originally intended); number of patients employed and how (and to make this of value, a general understanding would be necessary to determine what constitutes a sufficient amount of employment to warrant a record of the same); total number of patients employed; number on limited or unlimited parole; number attending service or entertainment; number and length of time out of doors with attendants; number indoors during exercise hours in the morning and the afternoon; number sick in bed; number not in bed taking meals upon the ward; number of patients received and from where; patients discharged or transferred; patients escaped or attempting escape; injuries to patients or employees (giving time, nature and cause; this being, of course, a brief repetition of special report already filed); names of those in continuous bath, seclusion, packs or restraint, indicating length of time in each case and by whose orders; number fed by persuasion or tube; number taking medicine; articles lost or destroyed and by whom; repairs needed upon ward; temperature of ward at different times during the day; and such other data as might be deemed of value for convenient reference.

If a report of this character was made out daily by the nurse or attendant in charge of each ward, carefully scrutinized and approved by the superintendent of nurses or supervisor of respective services, with a standard for the interpretation of the

same, and filed chronologically through the physician in charge of the respective services, would it not be convenient for hasty reference, compiling reports, and also be open for ready and accurate information for the board of trustees and any one sufficiently interested to make such inquiries?

Probably one of the most important and difficult forms of records that we have to contend with are those dealing directly with accidents, etc., and while there is a uniform report of each such case now filed with the State Board, as a hospital record, would it not be of immense value if, in addition to a note in the patient's history, etc., there was a report of uniform size and arrangement, blanks of which were at hand in each ward and to be immediately and accurately filled out by the nurse or attendant involved, enumerating such details as escapes, attempts to escape, injuries to patients or employees, with names of witnesses to same, and patients restrained and how, secluded or given packs and by whose orders, with hour of event and time of filing with physician in charge of service. A space upon this report could be reserved for the report of physician making investigation, time of same, and his recommendations, with time of filing with superintendent for his final approval and record of disposition of the case.

If such reports were kept chronologically filed, would they be of value to the hospital superintendent in making further reports to the State Board, his board of trustees, or other executive officers, and preserve a classified, perpetual record for hasty reference of these occurrences for any subsequent inquiry?

It is more than probable, in fact, I am quite certain, that each institution has a practical working scheme that meets adequately every condition to which reference has been made, and others as well. My object in referring to these several common types of reports is to emphasize that each institution, *i.e.*, its board of trustees and superintendent, appreciates fully the requirements of its particular institution, and if, in order to assure a uniform interpretation of the several institutions' reports by the various executive bodies to which said reports are to be submitted from time to time, it is necessary to have said reports arrived at from a common understanding and

rendered upon uniform blanks, would it not tend toward greater practicability and efficiency if one or more of these records were considered at a time by the representatives of the several institutions in conference amongst themselves, a form agreed upon by all that would meet the local requirements of each, and then said record referred to the State Board for final consideration, modification, approval and adoption.

With reference to a better classification of patients, I have already consumed the ten minutes allotted me, and scarcely feel in a position to make any comment except by way of opening the discussion to suggest the possible advisability of finishing some of the institutions now in course of construction at as early a date as practicable, with a view to the better classification of patients, when these institutions are not too far committed by construction and interest for specific purposes, and when they express a willingness and desire to meet the requirements for better classification of these patients in their future construction.

This might in a measure meet the requirements, as nearly as they can be met at this time, for additional room, afford a better classification, and permit of the completion, to at least the economic point, of our existing institutions before others are in process of construction.

Please know that only interest in the problem that confronts us as a whole has induced me to open the discussion this morning, and as I said in the beginning, your knowledge of my lack of familiarity with the details of present methods now in use will preclude the possibility of anything I might have said being understood as a criticism of the present routine.

Dr. O'Meara: — Dr. Thompson, we would like to hear you discuss either or both of these topics.

Dr. Charles E. Thompson, superintendent of Gardner State Colony: — I did not expect to be called upon and have not anything prepared for discussion. I was much interested in Dr. Frost's paper regarding classification, and thought while he was reading it of what seems to me a fairly simple problem in classification for the Boston State Hospital, inasmuch as his buildings have been built with classification in mind, but not as simple a matter in every institution.

Our problem at Gardner seems, naturally to us, a fairly difficult one, although comparatively small. We have two large buildings which are taking care of the disturbed and infirm classes, while in cheaply constructed cottages we have the better class of patients. To any one, I think, and especially to the board of trustees visiting the institution, those infirmary wards cannot help but be very unsatisfactory. They are in a way merely asylum custodial buildings. We have given some thought as to how we might change this about by putting in the outlying cottages the disturbed and infirm patients and bringing into the industrial group the quieter, better class of patients. It goes without saying that if we put the disturbed class of patients in cottages it would not be long before they would have the walls destroyed; so that it would seem that at our institution we must provide additional buildings in order to provide better classification, or disturbed patients must be removed to other institutions. Personally, I am inclined to provide for the class we have and not expect other institutions to receive them when they become difficult to care for.

I think Dr. Thomas' suggestion of carrying to completion the institutions now partly constructed is very good indeed, although of course it means a matter of a few years at best to complete them. What I mean by completion would be to a size, perhaps, of 1,200 or 1,500 each.

In regard to slippery floors, I expected to learn how we could have some other kind of floor than the polished hardwood floor. Linoleum has been mentioned, but is very expensive, and those having hardwood floors will probably be unable, because of the cost, to cover them with linoleum. The different formulæ of floor mixtures used I hoped would be brought out. The ordinary mixture of paraffine and turpentine, or turpentine substitute, is probably the one usually used. If paraffine is used the floors need to be polished somewhat, but do not require a high polish. The point Dr. Briggs brought out is a very good one. I also think that many of our ward supervisors keep patients swabbing half the day or sometimes the whole day long. It seems to me a useless task. Each supervisor, as Dr. Spalding says, wants to have his or her ward look most attractive, and to do so they seem to think a shiny floor neces-

sary. Dr. Kline at Danvers avoids swabbing by using an electric brush polisher, and as I saw it working it seemed to be a very good thing and undoubtedly allows him to occupy his patients to better advantage.

Dr. John A. Houston, superintendent, Northampton State Hospital:—I do not know that I should disagree with Dr. Flood's statement as to slippery floors being the cause of accidents. I think any floors that we are likely to have in our institution with the money at our disposal will be slippery; that is, if they are kept in good order.

I think the best floor to avoid accidents would be of cork, or one with cork carpeting, but that is very expensive. Next, would be a runner, not a narrow one, because that invites tripping and would slip about the floor, but a wide one, of three strips of Brussels carpet. One strip of the body of the carpet with a strip on each side of it of the border that usually comes with each pattern has answered our purpose very nicely on the best wards. On the wards where carpets are not so easily cared for we have found that German linoleum has answered better than anything else; strips of this carpet 2 meters wide can be obtained, about 100 feet in length. They appear well on the floor without any adhesive underneath them, and are easily kept clean. They partake of the polish, as the floor each side of them is polished. They are not as slippery as polished floors. They are somewhat expensive, but they are very durable. We have used pieces of this kind of carpet for fifteen years or more, and still find them serviceable, the pattern being woven clear through, the surface does not wear off and show a different figure, but is always of the same pattern. The chief objection we have found to their use is that occasionally in moving furniture about, like chairs, or beds being set up at night, the leg of the chair or the foot of the bed catches on the edge of the carpet, and it breaks easily; otherwise it seems to wear almost as long as floors of wood.

As to the classification of patients, there are several aspects to be considered in the discussion of this question: first, as to patients not yet sent to any institution. The words "insane person," according to the Revised Laws of Massachusetts, "shall include every idiot, non compos, lunatic, insane and

distracted person." That definition embraces a wide class, and it sometimes becomes a serious question how to classify, and where to send, the "distracted" persons. There are, at the present time, at the Northampton State Hospital, patients who have been in several institutions, at Lancaster and at Waverley, before coming to Northampton. One of them is to-morrow going to the Worcester Asylum. As they are passed along from one institution to another it becomes a quite serious problem where they are to be sent finally.

Then there are many old people sent to the State hospitals, the senile and dotards, who should not be sent to institutions for the insane, but should be kept at home. If their relatives cannot be made to care for them, or if they lack relatives, they should be sent to a State home established for their special care. They are not insane in the common meaning of the word, but they require public care by reason of old age, and because their friends will not take care of them. At present it is lawful to send them to a State hospital because there is a mental condition incident to old age that renders them incompetent to care for themselves; accordingly, the town authorities procure their commitment in order to shift the burden of their support from the town to the State.

There is a third class that need public care, but at present it is impossible to procure their commitment to any institution. I refer to the defective delinquents. Provision was made by the Legislature of 1911 and 1913, in chapter 995, Acts of 1911, as amended by chapter 796, Acts of 1913, for the care of this class, but thus far, more than three years after its enactment and approval by the Governor, it has not been enforced. I have in mind several cases seen at our clinics within two or three weeks that show very forcibly the need of such provision, one of which I will mention. A girl seventeen years old came to the Northampton State Hospital four or five years ago with a distinct psychosis, from which she apparently recovered. To every one near her, and to her employers, she has seemed sane. Two or three weeks ago her sister came to our clinic to ask for advice what to do with her. She has had two illegitimate children since leaving the hospital, and is about to give birth to another. The problem is, what to do with her. My assistant

saw one of our judges, asking his advice, but he could not suggest anywhere to send her. She is not insane enough to be sent to a hospital for the insane, nor feeble-minded enough to be sent to Waverley. The judge could not be satisfied that she should be sent to Lancaster. The only possible institution to which she could be sent was Sherborn, and if there, for so short a time as to be of little benefit to her or to the community.

I saw another case at Greenfield yesterday almost identical with this case.

The classification of patients who have been decided by the courts to be in need of public care because of some mental defect requires consideration. Massachusetts has probably done more than any other State in the Union — and has done it earlier — in classifying these dependents. The inebriates, the criminal insane, the epileptics and feeble-minded have had institutions established for their special care, in order to separate them from those who are more strictly insane.

Each institution for the insane should care for all the patients sent to it. The classification within the institution will probably be considered by others here this morning. I am opposed to the transfer of patients from one institution to another, or at least from one district to another. We are picking out for transfer to-morrow 40 patients to go to another institution 60 miles away from us, and that distance, if not farther, from their homes. The relatives of more than half of these patients have written pitiful letters to me, and I know that some of them have appealed to your Board, and some to the superintendent of the institution where they are going, asking to have their patients kept near home. I believe they should be kept in their own district, not only as a measure of humanity, but also as a measure of economy. My experience shows that it is no more economical to care for them in the institution to which they are being transferred than in the one they are leaving. Two years ago 30 patients were sent from Northampton State Hospital to another institution in the State. They were the pick of our permanent hospital patients, — I mean the chronic patients. The saving to the State for each of these 30 patients was 21 cents per patient that year, which did not pay for the expenses of the removal.

I think that each hospital for the care of the insane should be limited in size, — the smaller, the better and more efficient, — but it should take care of all classes that come to it except the inebriates, the criminals, the epileptics and the feeble-minded. It can care for the tubercular, for the senile, for the turbulent and destructive patient, and for the chronic patient who is able-bodied and able to support himself and contribute to the support of other patients in the institution.

It should also care for the acute recoverable cases, but these had better be cared for in a separate department of the hospital, preferably at a distance from the main institution. This might be on the hospital grounds, or perhaps at a distance of a few miles; for instance, it might be advisable for the Northampton Hospital to have a ward or separate building in or near Springfield, where all patients below Holyoke and from Springfield, Westfield, Pittsfield and Chicopee might pass through on their way to Northampton. They might stay there twenty-four hours, or even a much longer time. Some of them might never need to go to Northampton. In other words, I should recommend a small psychopathic ward, or institution, in connection with each of the hospitals for the insane, as now established.

Dr. Edward French, superintendent of Medfield State Hospital: — I am the defendant in this case, and I plead guilty to the charge of slippery floors. This is a matter I have considered a good deal, and I have been through what might be called three eras or ages with floors.

On the first floor we used a dressing of turpentine and oil and soap, but that was the poorest floor; the dust accumulated upon it, and after it was thoroughly oiled it was much more slippery than any floor I have had any acquaintance with.

The next floor was the floor dressed with the solution of spirits of turpentine, beeswax and paraffine. That was the best. Turpentine adds to the life of a floor, especially if the floor is hard pine, it is an excellent disinfectant, and the beeswax gives a nonslippery surface to the floor and it is not so glossy.

You are all familiar, I think, with Butchers' polish which is sold for private houses. This is practically the same. There are two objections to this dressing; one is its danger. I came very near having two deaths from patients who drank some of

this solution. The other objection is its cost. With the present price of spirits of turpentine it costs more than 65 cents a gallon, and beeswax is 45 cents a pound; but it is an admirable dressing, and I think we had fewer infected fingers, etc., when we used that dressing on our floors than we have now.

In consequence of those two accidents I spoke of, we are using clear paraffine on the floors, which answers very well except that it is slippery. You cannot deny, too, that in addition to being a good floor polish it is an excellent gum for the patients, and our patients have used a good deal of it in that way.

The floor is undoubtedly to blame in many cases. We have had, I think, four or five cases in the past year and a half in which the floor was the malefactor or criminal *per se*. Sometimes the patient was pushed or jostled by another. In one case the patient fell over some furniture. Perhaps these patients would be injured in any case, no matter what the floor was, but it seems to me that we have had two or three cases that resulted directly from the slippery floor.

I should be very glad to go back to beeswax and turpentine if the Board feels we ought to do it, but I am afraid of serious accidents which we have come so near having.

Dr. Michael J. O'Meara:—I esteem it a privilege, ladies and gentlemen, to present His Excellency the Governor of Massachusetts, who is interested through the State Board, and in co-operation with the trustees and superintendents of the different State institutions, to make Massachusetts the foremost State in the Union in the care and management of the insane, feeble-minded and epileptic. Ladies and gentlemen, His Excellency the Governor of Massachusetts.

His Excellency David I. Walsh, Governor of Massachusetts:—Mr. Chairman, Ladies and Gentlemen: I learned by chance this morning that you were in session here, and I have been trying for almost an hour to get an opportunity to come to this room. I am on my way to Worcester to attend the funeral of Commissioner Barker, a public servant of inestimable worth and value to the Commonwealth, and who has given long and faithful service to the State. So I must leave you shortly.

I should like very much to have had an opportunity to tell you what I saw in Wisconsin and the result of my visit to one

of the insane institutions of that State, and impressions made upon me by my visit there, but I have not time. I do want to make this suggestion to you. I want to hear from you trustees as to what should be done by the next Legislature to define your powers and your duties. I want to hear from the Board also. There seems to be a difference of opinion as to just what the law of last year means, — what the duties imposed by it are. Some feel that their duties were increased by that law, others believe they were lessened. Now I should like to get suggestions, before I write my inaugural, from the trustees, setting forth just what you think should be the functions and duties of the trustees, and just what the functions and duties of the State Board of Insanity should be. My own personal views are these: that the trustees of the institutions should be the representatives of the public, and they should have the power and force and influence of the great public in going into the institutions at any time they see fit, for the purpose of seeing that the public rights and interests, in distinction from the public officials' rights and interests, are preserved and protected; to see what kind of care is being given, whether proper or not; to see what the officials there are doing, and to see that the State Board has a watchful eye in the matter. They should be the people of the State, in distinction from public officials, in observing conditions in the institutions, and they should be able to make recommendations and also be able to hear complaints. One of the troubles with the present law is that there is nobody to hear complaints. You cannot hear complaints because you employ the people against whom complaints are made. The State Board has a hand in the employment of them, also. There should be some tribunal which does not employ persons to hear charges against them, and it seems to me that the function of the trustees should be that of a separate, independent body visiting the institutions, going there as they see fit, perhaps employing officials as you do now, hearing complaints and investigations, and being the great representative of the outside public.

I want your views because I want to know just how you best can help serve the Commonwealth and work out this problem; and I will ask you, either collectively or individually, or by personal letter if you wish, to let me know what you think the

law of this Commonwealth should be in defining the duties, powers and responsibilities of the trustees and the State Board of Insanity.

Dr. E. E. Southard, director of Psychopathic Hospital: — I should like to speak on every one of the numerous questions broached this morning, but I forbear for various reasons. One word, however, concerning Dr. Houston's remarks about the increase in the number of demented. It is certainly very important to distinguish between *demented* in the sense of persons pathologically affected by old age and *dotards* in the sense of persons who are physiologically senile. The other day, for example, we released as "not insane" a dotard who made between eight and nine years only by the Binet-Simon tests.

I wish to speak on the question of *uniformity* of our *hospital records*, and only indirectly on the more important question of improvements in the classification of our patients. The latter question is more largely nowadays a matter of records, since the day of the *one-man clinic* is over, and the staffs of the hospitals are required to be so expert that a majority of all examining physicians is much more to the point than the dictum of a distraught superintendent concerning the classification of patients.

Advances in classification and therefore in treatment depend upon excellence of records and upon their subsequent analysis. The principle of our work must be, as I have repeatedly observed, so to investigate the case in hand that the next similar case will benefit. I suppose that all research has its eye on the future more than on the present. Singularly enough, however, our own advances depend largely on the work of our predecessors, and almost entirely upon their recorded work. I know a superintendent — one of the distraught group — who often tells me that his men are doing so much work that they have no time to record it. All I can say is their work will be largely lost to the campaign of betterment of classification and treatment.

Two questions rise concerning records, — their fullness and their get-up, the latter especially relative to the matter of blank-filling.

We have at the Psychopathic Hospital the most extensive and perhaps the most intensive problem of record-making

which can be found in our State hospital system. We have to get into reference form the records of about 2,000 house admissions and over 1,000 out-patient admissions in the year. The budget is accordingly tangibly affected by the requirement of stenographers, despite the fact that a large series of blanks has been installed to save time and expense. Dr. Frost — who, I am glad to say, belongs to the serene rather than the distraught group of superintendents — suggested, at a trustees' meeting, that the routine typewritten portions of our house records might well be shortened. I had been inclined to think our records should be fuller than routine records on account of the intensive nature of much of our work.

To my astonishment, however, I found that Dr. Frost's own records of freshly committed cases averaged about a page (7.73 pages) longer than those at the Psychopathic Hospital (6.75), and have been getting a bit longer of late (8.36) than before (7.98). The records in question contain the legal data, the medical history, the physical examination, the mental examination, the admission note and the provisional diagnosis. Incidentally, the Boston State Hospital uses a larger size of paper and somewhat closer typewriting, and line and word counting show that Dr. Frost's records are more extensive than those at the Psychopathic Hospital. I look at the results of the statistical analysis with mixed feelings. I am glad to have been able to meet Dr. Frost's suggestions as to saving money on records; but I am regretful that my own records are not fuller. I believe the phonograph dictations which we use now in a number of hospitals conduce to brevity and terseness. After the first week the dictating physician gets tired of hearing his own voice, and, looking at the results of his at first desultory conversation, sets about improving in diction and conciseness.

What may be said of the *intensive* side of our records? A big question turns on the value of blanks. I have approached the problem from two angles. Aided by State Board funds, I made, on the basis of analysis by Dr. J. S. Van Teslaar, a list of mental symptoms as analyzed and described in Kræpelin, Wernicke, Ziehen, Janet and Freud, trusting to general knowledge for English symptomatology. The compiling of a symptom index on this basis is proceeding slowly. This compilation has at times been called to a halt by the other line of

inquiry, viz., the analysis of 17,000 cases of insanity whose symptoms have been listed at the Danvers Hospital. I have analyzed, with the aid of Miss A. Mallett working under the State Board, not only the 17,000 cases but also the symptoms of 1,000 autopsied cases, making separate enumerations for 735 cases with coarse brain lesions and for 265 without such coarse lesions. I shall not go into the details of this work, which I reserve for special communications. Suffice it to say that the analysis has betrayed a number of weaknesses in our system. Examples are the indiscriminate use of the terms "dementia" and "demented" (there seem to be approximately as many demented with intact-looking brains as with damaged brains), the omission of specific statements embodying endeavor to analyze *attention*, the very important lack of unanimity as to what "psychomotor excitement" and "motor restlessness" severally mean. With the aid of Dr. M. M. Canavan I have compared the Danvers data with a similar smaller series from the Boston State Hospital. Some differences are significant.

On the whole, however, while psychiatry is in a fluid state, I am inclined to continue to preach autonomy in the different institutions, with integration where possible. In going over old records one often runs across some scheme devised *con amore* by somebody and used more or less faithfully by assistants for a few months or even years. Then the wind blows from a new direction. I should propose that each institution which sees fit construct a blank, and that a statistical analysis be made of the net yield of symptoms from, say, a hundred random cases from each institution using a blank; then at the end of a year a co-operation blank can be constructed in which each institution will have had its share.

Dr. O'Meara:— Dr. Southard, we would like to have you say a word in connection with your work on these records.

Dr. Elmer E. Southard:— My work has been largely that of correlation. I have gotten together the records of the different institutions of the State, and I think if you could get a diffused mixture of all that you would have nothing that has not been suggested here to-day. There is hardly an improvement which has been suggested which some hospital has not used. The accident blank, for instance, has been used

thoroughly at Danvers for a great many years, as was suggested to-day, so it seems to me more a problem of boiling them down and getting a minimum which the Board, or some other authority, would insist upon, and then allow each hospital to branch out from that minimum as much as they wished. The collection which Dr. Adler made I also went over in detail some three years ago. He has the blanks of some 300 or more hospitals. After going over these I was somewhat surprised to find that the best were nearest home. In fact, the one I think which clearly outshone all the others was the blank used at the cancer hospital only a few hundred yards away.

Outside of the printed matter, the one thing that would strike everybody was the lack of uniformity in size, color and shape. For instance, one hospital has a field chart, which is on cardboard and files very poorly; another is on a piece of paper and hardly any two have the same size. As to the clinical charts, most hospitals, I think, several at least, get them in blocks and tear them off. They are not all uniform on the State record sheets. Except for color of ink and a little change in the printed matter there seems, however, to be very little difference between the hospitals.

One other thing that I have noticed is the seeming unwillingness to change. People in general seem to look upon any change or any move as committing them from that time on forever. Even if at the end of a year a universal blank should be adopted it could still be changed. By slight gradual adjustments I think uniform records can be made and improved towards perfection.

Dr. L. Vernon Briggs, secretary, State Board of Insanity: — I want to speak of one blank. It may be a matter of regulation record, but it is a report which the different hospitals do not seem to have. I find that at Danvers a daily report is required of the assistant physicians, and it seems a very efficient way of carrying out the work of the staff. Some of the other hospitals may have reports for assistant physicians in one form or another, but this is the most complete form. It gives the superintendent exactly what has happened on the ward to all the patients and what the assistant physicians

have done during the day in such a complete manner that it appeals to me very strongly.

Mr. Edmund A. Whitman, trustee, Gardner State Colony: — I have nothing to say, Mr. Chairman, but at the same time feel it my duty to say it.

These meetings of trustees were devised some years ago by some bright man, Dr. Copp, probably, as an experiment, and isn't it worth while to take a moment to see how far the movement has been successful?

These are gatherings of the trustees of the institutions for conference with the State Board, and at the bottom of the invitation, or notice of the meeting, comes this kindly remark that the "superintendents of the institutions will be cordially welcomed," or something to that effect. We, however, as trustees, come to this friendly discussion with the State Board and sit here and listen to the superintendents making remarks on more or less technical subjects which may be administered in either of two ways, — one way, very far over our heads; that is, such that we as ordinary laymen have no mental comprehension of what is being talked about, and, with all deference to Dr. Southard, I feel that his paper, with my mental comprehension, was of that character. And, on the other hand, some of the superintendents may most kindly talk down to my mental comprehension, and some have occasionally done so, which I think has not been of very great use to them, and possibly not to me.

Now this subject of classification of patients and of uniform records must be one for expert consideration. It is evident that the experts here do not entirely agree, and while all of us who are interested in institutions hope that the ideal will be obtained some time, I think very little can be gained from our participation in that discussion.

As Dr. Southard suggests, after taking 300 records from institutions he finds that one expert has a solution pretty near home. What this body of trustees would have succeeded in doing I hesitate to say.

I did, however, come to this meeting with some degree of enthusiasm, because at least one subject to be discussed was one in which I was interested at home; that is, the question

of slippery floors. It was only yesterday that one of my favorite rugs was banished from the dining room because the waitress insisted that if she was to serve meals in that room she preferred roller skates. I have gotten some points here this morning, and I shall go back to beeswax and turpentine and paraffine. I think we can go to an excess of cleanliness. It has disturbed me on various occasions to see these demented patients travelling back and forth mopping or swabbing the floors with these wipers. I am inclined to think that we have spent too many hours at that, which could have been spent in other ways, and the result has been that many of these floors have got into superfine condition. If a change could be made so that the rules will prevent any patients from touching one of these things, and that all the cleaning should be done by the attendants, you would get floors that would not be anywhere near as slippery. I have been, perhaps, brought up in as much horror of dirt as the rest of you. It is the very wealthy only who can afford to keep their floors in this highly polished condition in the outside world; mine are not, I know. It is not so very many years ago when our ancestors had a different kind of floor. You recall that old poem:—

I never had a piece of bread, particularly good and wide,
But that it fell upon the sanded floor, and always on the buttered side.

If we could go back to our sanded floor we would not have this trouble about falling down. If too much is done about keeping the floors clean they will be superclean. What we do want is to get the dust off of them, which can be done by swabbing, and to preserve the wood, which can be done by an infrequent application of some one of these mixtures; but this constant rubbing is not necessary, and we rarely enter one of these institutions without finding somebody using one of these swabs. It seems to me not only unnecessary but dangerous.

May I suggest that sometime we do have a real conference at which we suggest to the superintendents, with all kindness to them, that they do not come to see how depressing the conference can be made to the trustees, but to see what we experts — except those on the State Board — have to say?

Mr. Charles E. Ward, treasurer of the State Board of Insanity: — After making my bow to the Board I should like to say that I was much interested in Mr. Whitman's trouble over Dr. Southard's paper, and I want to assure him that he does not have that trouble daily. Now I am so located at the present time that I have a suspicion at least that when my associates want to put anything over on me they use the same terms that Dr. Southard does. It is a suspicion that has almost grown into a conviction. I have only one thing I wish to speak about, and that is, as a new man coming into this question, to say to the doctors that I came into this work with the silent conviction that if I wanted to change my mind I would change it; I would not accept anything in one week as settled, or in two weeks.

There is one phase of your classification problem that has come to me as a country boy. I presume the superintendents have had it in their minds, and this, I think, will be for the trustees. I remember when the State care act first went into effect, ten years ago, I was a member of the General Court, on the ways and means committee. The first effect of that was to empty the almshouses. I know how the country almshouses were, because in my own town we had one; we have it still, with large corridors, hot-air furnaces to heat it, and something like twenty rooms and two old ladies in it. We unloaded the rest on the Commonwealth. They were people who were running the streets of our town, were working on our highways, going to our churches, nobody feared them; but of course when the town could unload them on the Commonwealth, that was the law, why shouldn't they? The first five of the ten years we did that, but that was not the whole story. The last five or ten we have been seeing something else.

I am going to speak of the country towns, — and this was true of every country town. There were families who had an old father or mother who had become senile; they had occasionally a mentally defective child who needed the care of the home, and they would gladly have worked their fingers off before they would have put that father or mother or that child on the town and have them paupers. You would see families taking care of their defectives where they were harmless, and

this was done in every little hamlet in Massachusetts. By and by the time came when putting them in an institution or hospital for the insane did not make paupers of them, and for the last five years the unloading of that class of people onto the Commonwealth has complicated the classification of hospital care of the insane, because every institution has 40 per cent. of inmates who could be and ought to be taken care of at home. This situation confronts us and it is appalling, for what we have come to do is to build big institutions and mix these people with the people who really should be taken care of because they are a menace to the community. This has complicated the problem. If the law is not to be changed I believe every insane hospital to-day should have a building on its grounds, an entirely independent proposition, and that the inmates would need different care, fewer attendants and should be treated in a different way.

Dr. L. Vernon Briggs, secretary, State Board of Insanity: — Speaking of insane hospitals, we have a plan, and I would like to say a word regarding the new Metropolitan Hospital which has been touched upon in many ways. Dr. Houston spoke of transfers being made from his institution, but did not say it was because of overcrowding. Dr. Houston has more patients than he can take care of, and the nearest institution to his is Worcester, except the hospital for epileptics at Monson; therefore the patients have to be sent to Worcester, which is outside of their district. This Board hopes to be successful in its recommendation for an appropriation for land in the western part of the State to start another institution. We have about 40 per cent. Boston cases all over the State which should have been in the Boston district. Where people have objected to transfers of certain patients we have tried to take the names of those patients off the list and leave them in the institutions where their families or relatives wished them. I think we have taken off recently probably half the names on the list under consideration for transfer from Danvers, on account of objections on the part of relatives, so that we are not ignoring the desires and wishes of the families of patients. We are transferring those where there are no objections, but we have to transfer more cases, and we shall endeavor to transfer patients into the

districts where they belong or the nearest district to that in which they belong.

Mr. Herbert C. Parsons, trustee of Wrentham State School:—I have been turning over in my mind, as a trustee of one of the institutions, suggestions of His Excellency the Governor that there shall be some expression of opinion by persons in positions of responsibility as to their thought in regard to the duties and responsibilities of the trustees of the State institutions as possibly changed somewhat by the act of last year. I want to offer the suggestion that it might be well, certainly would be very agreeable to me as one of the trustees, if we could have a conference on that subject prior to the time that the Governor would have suggestions from us. I fancy that the trustees all feel that their responsibilities are not materially changed as a result of last year's act, that the necessity of thorough stewardship to the various institutions to which we are attached remains unabated, and that it would be very well for us to act as much together as possible in any suggestions we shall make to His Excellency in regard to the matter; and I would like to offer this as a motion: that we call a meeting of the trustees before the time when the Governor would welcome such suggestions from us.

Dr. George L. Wallace, superintendent of the Wrentham State School:—I do not believe that I have anything special to add to what has been said in regard to slippery floors. This fact, however, has entered my mind, especially in relation to institutions where there is so much child life as we have at Wrentham, and that is, the necessity of keeping our floors clean and sanitary.

I do not believe we should minimize too much the importance of keeping our floors in good condition, as here there is a possibility of the pendulum swinging in the opposite direction. There is only one way to do a thing and that is to do it well. I think we can only keep our floors in first-class condition or else in poor condition, and it seems to me that it is very important to keep our floors in first-class condition where the children are playing on the floors with their blocks and toys as much as they are at Wrentham. Unless the floors are kept in excellent condition there are going to be epidemics of ring-

worm, scabies, tuberculosis, dysentery, and all kinds of bowel and stomach trouble, and it seems to me that we cannot depart too far from keeping the floors in a perfectly sanitary condition. I know the sanitary floor, as we keep it, is somewhat slippery, but I do not think that here the danger from slippery floors is so great as the unforeseen dangers that may arise from our keeping the floors in an unsanitary condition, if the pendulum swings too far in the other direction.

I must say that I like Dr. French's second preparation for treatment of floors. We use that preparation, but put in more turpentine to the beeswax and paraffine than he does, so that when it is ready for use it is of a pasty consistency and therefore is not a very appetizing article for the patients.

John M. Merriam, Esq., trustee of Westborough State Hospital: — I am very much impressed with the suggestion of Mr. Parsons that there ought to be a conference of our trustees to consider the best reply to make to His Excellency the Governor. Personally, it seems to me that the Governor's suggestion that it should be the province of the trustees to visit the hospitals and to spy upon the work without the responsibility of control is unfortunate, and that the situation, however, should be so clear that the trustees can feel that there is something for them to do in the actual control of our institutions under the present law, and I hope this matter was considered at the meeting at Medfield or at Taunton. Is that committee present here?

Mr. Whitman: — That committee is to meet with the State Board of Insanity this afternoon.

Mr. Merriam: — I wish that I might suggest that your committee also consider the suggestions made this afternoon by Mr. Parsons, and if in their judgment there is occasion for further conference with our trustees as a whole, that opportunity be arranged for such a meeting by the committee.

FINANCIAL STATISTICS.

TABLE 1. — *Balance Sheet, 1914.*

Inventory, Nov. 30, 1913,	\$10,109,174 63	Inventory, Nov. 30, 1914,	\$17,209,574 45
Unexpended balance of special appropriations,	1,304,488 36	Unexpended balance of special appropriations,	341,989 63
Accounts receivable,	57,665 67	Unexpended balance of maintenance appropriation reverting to State treasury,	13,223 57
Private funds,	72,202 36	Accounts receivable,	55,311 32
Total resources,	\$17,543,531 02	Private funds,	69,629 86
Net increase in value of property,	1,229,753 70	Total resources,	\$17,689,728 83
Maintenance appropriations granted,	3,613,032 90	Net depreciation in value of property,	134,280 73
Special appropriations granted,	149,882 23	Expenditures from maintenance appropriations,	3,599,809 33
Receipts from all sources except State Treasurer,	400,528 11	Expenditures from special appropriations,	1,100,802 07
Aggregate,	\$22,936,727 96	Unexpended balances of special appropriations reverting to State treasury,	11,578 89
		Money received and remitted to State treasury,	400,528 11
		Aggregate,	\$22,936,727 96

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1914.*

RESOURCES Nov. 30, 1914.						
INSTITUTIONS.						
	Inventory.	Unexpended Balance of Special Appropriations.	Unexpended Balance of Maintenance Appropriations reverting to State Treasury.	Accounts Receivable.	Private Funds.	Total Resources.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$2,203,522 62	\$912 21	\$3,347 66	\$10,474 58	\$8,638 19	\$2,226,805 26
Taunton Hospital,	1,916,153 12	899 49	137 89	8,345 02	—	1,925,595 52
Northampton Hospital,	1,046,623 36	12,645 37	152 52	14,952 93	668 56	1,074,042 74
Danvers Hospital,	1,858,820 58	—	23 06	3,889 13	—	1,862,732 77
Westborough Hospital,	1,019,979 59	18,810 36	202 67	2,911 21	3,523 11	1,045,426 94
Boston Hospital, ¹	2,937,684 64	16,928 25	250 26	6,792 32	—	2,961,655 47
Totals,	\$9,981,783 91	\$50,195 68	\$4,174 06	\$47,365 19	\$12,829 86	\$10,096,348 70
Worcester Asylum,	\$1,847,275 45	\$107,584 01	—	\$1,092 51	—	\$1,955,551 97
Medfield Hospital,	1,675,463 34	—	\$3,047 04	—	—	1,678,510 38
Gardner Colony,	658,422 22	605 53	—	—	—	659,027 75
Totals,	\$4,181,161 01	\$108,189 54	\$3,047 04	\$1,092 51	—	\$4,293,490 10
Totals, hospitals and asylums,	\$14,162,944 92	\$158,385 22	\$7,221 10	\$48,457 70	\$12,829 86	\$14,389,838 80
Miscellaneous: —						
Manson Hospital,	\$894,486 25	\$35,231 34	\$933 88	\$1,227 53	—	\$931,879 00
Foxborough Hospital,	337,096 89	—	773 68	50 00	—	337,920 57
Massachusetts School for the Feeble-minded,	1,070,446 79	3,500 00	—	5,259 96	\$56,800 00	1,136,006 75
Wrentham School,	744,599 60	144,873 07	4,294 91	316 13	—	894,083 71
Totals,	\$3,046,629 53	\$183,604 41	\$6,002 47	\$6,853 62	\$56,800 00	\$3,299,890 03
Totals, hospitals, asylums and miscellaneous,	\$17,209,574 45	\$341,989 63	\$13,223 57	\$55,311 32	\$69,629 86	\$17,689,728 83

¹ Includes Psychopathic Department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1914* — Continued.

INSTITUTIONS.	Net Decrease in Resources during Year 1914.	EXPENDITURES.		Unexpended Balances of Special Appropriations reverting to State Treasury.	Money remitted to State Treasury from Receipts.	Aggregates.
		Maintenance Appropriations.	Special Appropriations.			
The insane:—						
State hospitals and asylums:—						
Worcester Hospital,	—	\$359,408 80	\$18,271 34	\$9,557 58	\$58,134 13	\$9,672,267 11
Taunton Hospital,	\$4,253 10	201,122 96	17,019 71	—	37,980 74	1,275,972 03
Northampton Hospital,	—	198,465 98	15,242 03	1 20	51,584 44	1,339,336 39
Danvers Hospital,	—	334,976 94	—	—	61,451 70	2,279,161 41
Westborough Hospital,	—	331,437 33	59,649 83	66 48	82,937 99	1,519,578 57
Boston Hospital, ¹	—	427,962 35	284,699 56	1,910 80	42,908 38	3,719,136 56
Totals,	\$4,253 10	\$1,963,434 36	\$394,882 47	\$11,536 06	\$334,997 38	\$12,805,452 07
Worcester Asylum,	—	\$321,053 56	\$302,168 69	\$1 30	\$10,955 83	\$2,050,131 35
Medford Hospital,	\$108,759 66	384,636 96	1,246 03	—	12,492 14	2,185,645 17
Gardner Colony,	—	100,861 62	7,671 10	2 48	2,400 64	829,963 59
Totals,	\$108,759 66	\$866,552 14	\$371,085 82	\$3 78	\$25,848 61	\$5,065,740 11
Totals, hospitals and asylums,	\$113,012 76	\$2,829,986 50	\$765,968 29	\$11,539 84	\$360,845 99	\$18,471,192 18
Miscellaneous:—						
Monson Hospital,	—	\$230,429 12	\$99,596 87	—	\$13,699 71	\$1,275,604 70
Foxborough Hospital,	\$19,549 40	107,556 32	—	—	5,337 63	1,470,363 92
Massachusetts School for the Feeble-minded,	1,718 57	311,142 30	—	—	19,333 26	1,468,200 88
Wrentham School,	—	129,695 09	235,236 91	\$39 05	1,311 52	1,251,366 28
Totals,	\$21,267 97	\$769,822 83	\$334,833 78	\$39 05	\$39,052 12	\$4,465,535 78
Totals, hospitals, asylums and miscellaneous,	\$134,280 73	\$3,599,809 33	\$1,100,802 07	\$11,578 89	\$400,528 11	\$22,936,727 96

¹ Includes Psychopathic Department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1914* — Continued.

INSTITUTIONS.	RESOURCES NOVEMBER, 1913				
	Inventory.	Unexpended Balance of Special Appropriations.	Accounts Receivable.	Private Funds.	Total Resources.
The insane: —					
State hospitals and asylums: —					
Worcester Hospital,	\$2,196,371 05	\$28,741 13	\$10,867 79	\$8,972 70	\$2,244,952 67
Taunton Hospital,	920,877 93	17,019 20	7,873 31	—	946,670 44
Northampton Hospital,	1,029,544 09	3,980 47	14,651 08	759 30	1,048,884 94
Danvers Hospital,	1,841,004 64		2,313 59		1,843,318 23
Westborough Hospital,	1,009,712 47	78,526 67	3,881 15	3,635 31	1,095,755 60
Boston Hospital,	2,399,205 95	303,040 04	9,027 83	—	2,711,273 82
Totals,	\$9,336,716 13	\$432,157 51	\$48,614 75	\$13,367 31	\$9,890,855 70
Worcester Asylum,	\$1,493,451 19	\$447,254 00	\$934 50	—	\$1,941,639 69
Medfield Hospital,	1,784,223 00	1,220 50	—	—	1,785,443 50
Gardner Colony,	656,284 63	4,779 11	—	—	661,063 74
Totals,	\$3,933,958 82	\$453,253 61	\$934 50	—	\$4,388,146 93
Totals, hospitals and asylums,	\$13,330,674 95	\$885,411 12	\$49,549 25	\$13,367 31	\$14,279,002 63
Miscellaneous: —					
Monson Hospital,	\$829,680 85	\$126,428 21	\$447 40	—	\$956,556 46
Foxborough Hospital,	355,988 17	—	708 12	—	356,696 29
Massachusetts School for Feeble-minded,	1,068,568 02	—	6,822 25	\$58,835 05	1,134,225 32
Wrentham School,	524,262 64	292,649 03	138 65	—	817,050 32
Totals,	\$2,778,499 68	\$419,077 24	\$8,116 42	\$58,835 05	\$3,204,528 39
Totals, hospitals, asylums and miscellaneous,	\$16,109,174 63	\$1,304,488 36	\$57,665 67	\$72,202 36	\$17,543,531 02

1 Includes Psychopathic Department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1914 — Concluded.*

INSTITUTIONS.		Net Increase in Valuation.	APPROPRIATIONS.		Receipts from All Sources except State Treasurer.	Aggregates.
			Maintenance.	Special.		
The insane:—						
State hospitals and asylums:—						
Worcester Hospital,	.	.	\$362,756 46	—	\$58,134 13	\$2,672,267 11
Taunton Hospital,	.	.	291,320 85	—	37,980 74	1,275,372 03
Northampton Hospital,	.	16,290 38	198,618 50	\$23,958 13	51,584 44	1,339,336 39
Danvers Hospital,	.	19,391 48	355,000 00	—	61,451 70	2,279,161 41
Westborough Hospital,	.	9,184 98	331,700 00	—	82,937 99	1,519,578 57
Boston Hospital, ¹	.	536,243 18	428,212 61	498 57	42,908 38	3,719,136 56
Totals,	.	\$587,533 87	\$1,967,608 42	\$24,456 70	\$334,997 38	\$12,805,452 07
Worcester Asylum,	.	\$353,982 27	\$321,053 56 ²	\$22,500 00	\$10,955 83	\$2,650,131 35
Medfield Hospital,	.	—	387,684 00	25 53	12,492 14	2,185,645 17
Gardner Colony,	.	2,137 50	160,861 62 ³	3,500 00	2,400 64	\$29,963 59
Totals,	.	\$356,119 86	\$869,599 18	\$26,025 53	\$25,848 61	\$5,665,740 11
Totals, hospitals and asylums,		\$943,653 73	\$2,837,207 60	\$50,482 23	\$360,845 99	\$18,471,192 18
Miscellaneous:—						
Monson Hospital,	.	\$65,585 53	\$231,363 00	\$8,400 00	\$13,699 71	\$1,275,604 70
Foxborough Hospital,	.	—	108,330 00	—	5,337 63	470,363 92
School for Feeble-minded at Waltham,	.	—	311,142 30 ⁴	3,500 00	19,333 26	1,468,200 88
Wrentham School,	.	220,514 44	124,990 00	87,500 00	1,311 52	1,251,366 28
Totals,	.	\$286,099 97	\$775,325 30	\$99,400 00	\$39,682 12	\$4,465,535 78
Totals, hospitals, asylums and miscellaneous,		\$1,229,753 70	\$3,613,032 90	\$149,882 23	\$400,528 11	\$22,936,727 96

¹ Includes Psychopathic Department.² Includes \$5,964.87 deficiency.³ Includes \$11,500.68 deficiency.⁴ Includes \$2,448.19 deficiency.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.	REAL ESTATE — Con.					
	LAND — Con.					
	PASTURE.		MISCELLANEOUS.		TOTAL.	
	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	64	\$2,580 00	—	—	578	\$427,080 00
Taunton Hospital,	102	12,750 00	—	—	333	52,500 00
Northampton Hospital,	185	39,099 75	—	—	511	108,000 00
Danvers Hospital,	188	4,750 00	—	—	509	73,600 00
Westborough Hospital,	194	5,832 60	36	\$1,589 90	763	49,944 00
Boston Hospital, ¹	—	—	1	6,174 30	234	981,546 72
Totals,	733	\$65,012 35	37	\$7,764 20	2,928	\$1,692,670 72
Worcester Asylum,	191	\$4,212 34	—	—	918	\$221,663 94
Nedfield Hospital,	16	400 00	—	—	441	46,119 30
Gardner Colony,	580	5,800 00	50	\$250 00	1,608	33,174 44
Totals,	787	\$10,412 34	50	\$250 00	2,967	\$300,957 77
Totals, hospitals and asylums,	1,520	\$75,424 69	87	\$8,014 20	5,895	\$1,993,628 49
Miscellaneous: —						
Monson Hospital,	81	\$2,534 00	10	\$450 00	661	\$33,902 00
Foxborough Hospital,	21	3,260 00	—	—	103	22,030 00
School for the Feeble-minded at Waltham,	184	2,510 00	—	—	1,974	73,412 00
Wrentham School,	151	7,550 00	—	—	495	35,650 00
Totals,	437	\$15,854 00	10	\$450 00	3,233	\$164,994 00
Totals, hospitals, asylums and miscellaneous,	1,957	\$91,278 69	97	\$8,464 20	9,128	\$2,158,622 49
Mental Wards, State Infirmary,	—	—	—	—	—	\$20,494 58
Bridgewater Hospital,	—	—	—	\$20,494 58	—	25,081 04
Totals,	—	—	—	\$45,575 62	—	\$45,575 62
Aggregates,	—	\$91,278 69	—	\$54,039 82	—	\$2,204,198 11

¹ Includes Psychopathic Department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.	REAL ESTATE — Con.				
	BUILDINGS.				
	Patients.	Nurses.	Farm, Stable and Grounds.	Miscellaneous.	Totals.
The insane: —					
State hospitals and asylums: —					
Worcester Hospital,	\$1,185,167 00	\$100,268 79	\$69,347 28	\$1,600 00	\$1,356,383 07
Taunton Hospital,	409,124 72	69,040 00	54,430 00	79,040 00	611,694 72
Northampton Hospital,	402,464 25	—	32,300 00	74,067 00	568,831 25
Danvers Hospital,	1,414,700 00	11,900 00	37,200 00	64,500 00	1,528,300 00
Westborough Hospital,	504,225 00	45,050 00	20,285 00	47,316 00	616,876 00
Boston Hospital,	1,253,528 77	31,936 79	13,245 00	193,600 77	1,492,311 33
Totals,	\$5,229,209 74	\$258,195 58	\$226,867 28	\$460,123 77	\$6,174,396 37
Worcester Asylum,	\$903,430 00	\$100,160 00	\$15,475 00	\$150,970 00	\$1,170,035 00
Medfield Hospital,	734,438 12	138,452 53	65,487 00	407,365 89	1,345,743 54
Gardner Colony,	236,483 64	14,690 93	36,641 11	57,168 27	344,983 95
Totals,	\$1,874,351 76	\$253,303 46	\$117,603 11	\$615,504 16	\$2,860,762 49
Totals, hospitals and asylums,	\$7,103,561 50	\$511,499 04	\$344,470 39	\$1,075,627 93	\$9,035,158 86
Miscellaneous: —					
Monson Hospital,	\$388,133 54	\$43,571 25	\$31,953 75	\$42,975 00	\$506,633 54
Foxborough Hospital,	116,745 34	20,250 00	7,063 96	33,903 43	177,962 73
School for the Feeble-minded at Waltham,	423,032 25	62,250 00	21,796 00	104,839 50	611,917 75
Wrentham School,	369,122 14	59,926 00	20,098 42	97,135 96	546,282 52
Totals,	\$1,297,033 27	\$185,997 25	\$80,912 13	\$278,853 89	\$1,842,796 54
Totals, hospitals, asylums and miscellaneous,	\$8,400,594 77	\$697,496 29	\$425,382 52	\$1,354,481 82	\$10,877,955 40
Mental Wards, State Infirmary,	—	—	—	\$386,711 16	\$386,711 16
Bridgewater Hospital,	—	—	—	356,435 00	356,435 00
Totals,	—	—	—	—	—
Aggregates,	\$8,400,594 77	\$697,496 29	\$425,382 52	\$743,146 16	\$11,621,461 56

¹ Includes Psychopathic Department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.		REAL ESTATE — CON.					Aggregates.
		BETTERMENTS.					
		Water System and Ap-purtenances.	Drainage System and Ap-purtenances.	Heating and Lighting System and Ap-purtenances.	Miscellaneous.	Totals.	
The insane: —							
State hospitals and asylums: —							
Worcester Hospital,	• • • • •	\$99,862 86	—	\$126,525 32	\$29,915 99	\$256,304 17	\$2,039,767 24
Taunton Hospital,	• • • • •	43,793 50	\$17,848 31	55,737 75	806 65	118,186 21	782,380 93
Northampton Hospital,	• • • • •	27,952 93	21,350 00	40,708 59	166,175 10	256,186 62	933,017 87
Danvers Hospital,	• • • • •	24,840 22	—	79,409 51	236 31	104,486 04	1,706,386 04
Westborough Hospital,	• • • • •	98,125 00	28,989 00	69,697 60	6,084 25	202,845 85	869,665 85
Boston Hospital, 1	• • • • •	—	—	—	329,787 23	329,787 23	2,803,645 28
Totals,		\$294,574 51	\$68,187 31	\$372,078 77	\$532,955 53	\$1,267,796 12	\$9,134,863 21
Worcester Asylum,	• • • • •	\$29,750 00	\$44,245 00	\$22,877 46	\$202,737 55	\$299,610 01	\$1,691,308 95
Medfield Hospital,	• • • • •	35,000 00	16,000 00	53,013 21	8,201 00	112,214 21	1,504,077 14
Gardner Colony,	• • • • •	36,716 76	20,539 54	30,567 63	97,352 13	185,116 06	563,274 45
Totals,		\$101,466 76	\$80,784 54	\$106,398 30	\$308,290 68	\$596,940 28	\$3,758,660 54
Totals, hospitals and asylums,		\$396,041 27	\$148,971 85	\$478,477 07	\$841,246 21	\$1,864,736 40	\$12,893,523 75
Miscellaneous: —							
Monson Hospital,	• • • • •	\$24,735 00	\$26,303 27	\$1,090 00	\$172,344 85	\$224,473 12	\$765,008 66
Foxborough Hospital,	• • • • •	7,855 13	10,869 98	13,644 22	62,334 44	94,703 77	294,696 50
School for the Feeble-minded at Waltham,	• • • • •	—	—	16,400 08	205,040 37	221,440 45	906,770 20
Wrentham School,	• • • • •	23,331 34	15,075 00	47,184 07	8,909 02	94,499 43	676,431 95
Totals,		\$55,921 47	\$52,248 25	\$78,318 37	\$448,628 68	\$635,116 77	\$2,642,907 31
Totals, hospitals, asylums and miscellaneous,		\$451,962 74	\$201,220 10	\$556,795 44	\$1,289,874 89	\$2,449,853 17	\$15,536,431 06
Mental Wards, State Infirmary,	• • • • •	—	—	—	\$45,805 04	\$45,805 04	\$453,010 78
Bridgewater Hospital,	• • • • •	—	—	—	38,013 19	38,013 19	419,529 23
Totals,		—	—	—	\$83,818 23	\$83,818 23	\$872,540 01
Aggregates,		\$451,962 74	\$201,220 10	\$556,795 44	\$1,373,693 12	\$2,533,671 40	\$16,408,971 07

1 Includes Psychopathic Department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY.					
	PROVISIONS AND GROCERIES.		CLOTHING AND CLOTHING MATERIAL.		FURNISHINGS.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$6,754 35	\$6,477 75 ¹	\$11,726 86	\$781 99	\$76,236 40	\$7,279 29 ¹
Taunton Hospital,	4,300 36	1,247 09 ¹	7,731 52	1,832 30	65,974 31	22,705 01 ¹
Northampton Hospital,	8,581 17	611 66 ¹	5,507 67	1,429 71 ¹	40,617 98	356 47 ¹
Danvers Hospital,	8,728 88	2,784 76	8,802 53	6,111 35 ¹	65,439 76	673 64 ¹
Westborough Hospital,	14,026 24	2,753 98	8,200 11	323 40	70,300 04	145 87
Boston Hospital, ²	3,800 65	862 35 ¹	11,523 76	3,788 97	75,834 01	15,071 79 ¹
Totals,	\$46,191 65	\$3,660 11 ¹	\$53,612 45	\$1,461 20 ¹	\$394,402 50	\$46,000 33 ¹
Worcester Asylum,	\$6,625 37	\$4,612 58	\$11,631 69	\$6,179 00 ¹	\$67,217 22	\$2,025 97
Medfield Hospital,	7,897 66	95 43 ¹	32,492 43	6,377 64	56,741 24	2,795 21
Gardner Colony,	9,338 08	993 82	9,085 12	2,649 24 ¹	34,346 25	3,059 17 ¹
Totals,	\$23,861 11	\$5,510 97	\$53,210 24	\$2,450 60 ¹	\$158,304 81	\$1,762 01
Totals, hospitals and asylums,	\$70,052 76	\$1,850 86	\$106,822 69	\$3,911 80 ¹	\$552,707 31	\$44,238 32 ¹
Miscellaneous: —						
Monson Hospital,	\$3,158 79	\$1,852 37 ¹	\$6,799 14	\$886 39 ¹	\$67,930 79	\$6,344 43 ¹
Foxborough Hospital,	3,493 44	226 34 ¹	2,279 05	290 66	14,509 68	9,707 97 ¹
School for the Feeble-minded at Waltham,	9,701 98 ³	6,964 05	15,326 78	509 15 ¹	8,626 02 ¹	8,626 02 ¹
Wrentham School,	2,262 54	1,449 54 ¹	7,989 46	2,865 95	36,639 64	7,170 45
Totals,	\$18,616 75	\$3,435 80	\$22,394 43	\$1,761 07	\$188,305 94	\$17,507 97 ¹
Totals, hospitals, asylums and miscellaneous,	\$88,669 51	\$5,286 66	\$139,217 12	\$2,150 73 ¹	\$741,013 25	\$61,746 29 ¹
Mental Wards, State Infirmary,	\$1,714 15	\$1,315 02 ¹	\$4,564 37	\$361 59 ¹	\$34,898 80	\$85 46
Bridgewater Hospital,	9,164 49	1,064 70 ¹	17,345 42	1,750 23	42,027 09	4,944 77
Totals,	\$10,878 64	\$2,379 72 ¹	\$21,909 79	\$1,388 64	\$76,925 89	\$5,040 23
Aggregates,	\$99,548 15	\$2,906 94	\$161,126 91	\$762 09 ¹	\$817,939 14	\$56,706 06 ¹

¹ Decrease.² Includes Psychopathic Department.³ Farm products included under "Provisions and Groceries" this year.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — CON.							
	HEAT, LIGHT AND POWER.		REPAIRS AND IMPROVEMENTS.		FARM, STABLE AND GROUNDS.		INDUSTRIES.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.	Amount.	
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$3,889 49	\$53 93 ¹	\$2,615 91	\$3,993 85 ¹	\$48,795 93	\$3,628 57	\$1,586 00	
Taunton Hospital,	8,189 85	3,416 06	5,094 56	565 88	32,809 46	4,964 36	3,416 70	
Northampton Hospital,	5,208 21	5,196 73	5,049 13	857 68	44,621 32	1,109 55	—	
Danvers Hospital,	1,531 11	1,017 93	29,647 25	6,877 53	26,867 93	16 33 ¹	3,835 24	
Westborough Hospital,	3,099 33	59 83	6,280 24	391 81 ¹	39,829 15	8,019 42	301 20	
Boston Hospital, ²	1,329 45	297 94	4,210 00	24 99	18,029 74	2,816 61	1,142 84	
Totals,	\$23,247 44	\$9,934 56	\$52,897 09	\$3,940 42	\$210,953 53	\$20,522 18	\$10,281 98	
Worcester Asylum,	\$17,345 09	\$6,257 43	\$12,747 93	\$2,377 97 ¹	\$31,347 89	\$19,108 69 ²	\$2,585 50	
Medfield Hospital,	12,577 90	2,002 03 ¹	5,017 79	1,158 79	49,705 01	7,284 95 ¹	1,574 20	
Gardner Colony,	5,299 17	398 93	6,393 73	236 12 ¹	23,390 45	3,415 99 ¹	4,329 05	
Totals,	\$35,222 76	\$4,654 33	\$24,159 45	\$1,455 30 ¹	\$104,443 35	\$8,407 75	\$8,488 75	
Totals, hospitals and asylums,	\$58,470 20	\$14,588 89	\$77,056 54	\$2,485 12	\$315,396 88	\$28,929 93	\$18,770 73	
Miscellaneous: —								
Monson Hospital,	\$15,730 77	\$5,180 28	\$4,087 35	\$2,060 02 ¹	\$23,808 59	\$3,115 96 ¹	\$1,221 00	
Foxborough Hospital,	312 35	828 50 ¹	5,193 04	2,323 91 ¹	12,435 94	1,517 46 ¹	324 64	
School for the Feeble-minded at Waltham,	16,623 24	3,475 36	5,410 94	1,605 77	37,341 42	5,648 63 ¹	4,047 45	
Wrentham School,	5,687 59	1,247 36	842 23	961 78 ¹	10,325 10	178 11 ¹	1,487 75	
Totals,	\$38,353 95	\$9,074 50	\$15,533 56	\$3,739 94 ¹	\$33,911 05	\$10,460 16 ¹	\$7,080 84	
Totals, hospitals, asylums and miscellaneous,	\$96,824 15	\$23,663 39	\$92,590 10	\$1,254 82 ¹	\$399,307 93	\$18,469 77	\$25,851 57	
Mental Wards, State Infirmary,	\$6,977 08	\$253 54	\$4,179 94	\$1,665 29 ¹	\$15,456 51	\$2,552 18	—	
Bridgewater Hospital,	7,123 52	323 81	8,626 15	6,378 41 ¹	29,836 05	2,197 77	—	
Totals,	\$14,100 60	\$577 35	\$12,896 09	\$8,043 70 ¹	\$45,292 56	\$4,749 95	—	
Aggregates,	\$110,924 75	\$24,240 74	\$105,396 19	\$9,298 52 ¹	\$444,600 49	\$23,219 72	\$25,851 57	

¹ Decrease.² Includes Psychopathic Department.³ Figures for live stock not included in last year's report.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Continued.

INSTITUTIONS.	REAL AND PERSONAL PROPERTY.					
	MISCELLANEOUS.		TOTAL VALUATION OF PERSONAL PROPERTY.		TOTAL VALUATION OF REAL PROPERTY.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$12,150 44	\$110 14 ¹	\$183,755 38	\$11,918 40 ¹	\$2,039,767 24	\$19,089 97
Taunton Hospital,	6,255 43	159 12	133,772 19	9,657 68 ¹	782,380 93	4,932 87
Northampton Hospital,	2,980 01	554 33	112,605 49	5,320 45	933,017 87	10,758 82
Danvers Hospital,	7,581 84	1,795 75 ¹	152,434 54	5,918 39	1,706,386 04	11,897 55
Westborough Hospital,	8,217 43	1,906 82 ¹	150,313 74	8,658 27	899,665 85	1,608 85
Boston Hospital, ²	18,168 91	5,556 26 ¹	134,039 36	13,419 05 ¹	2,803,645 28	551,897 74
Totals,	\$55,334 06	\$8,655 52 ¹	\$846,920 70	\$15,098 02 ¹	\$9,134,863 21	\$600,165 80
Worcester Asylum,	\$6,465 21	\$1,270 85 ¹	\$155,966 50	\$24,762 35	\$1,691,308 95	\$329,061 91
Medfield Hospital,	5,378 87	543 57	171,386 20	3,067 00	1,504,077 14	111,826 66 ¹
Gardner Colony,	2,965 92	4,369 17 ¹	95,147 77	8,007 89 ¹	563,274 45	10,145 48
Totals,	\$14,810 00	\$5,096 45 ¹	\$422,500 47	\$19,821 46	\$3,758,660 54	\$227,380 77
Totals, hospitals and asylums,	\$70,144 06	\$13,751 97 ¹	\$1,269,421 17	\$4,723 44	\$12,893,523 75	\$827,546 53
Miscellaneous: —						
Monson Hospital,	\$6,741 16	\$3,934 69 ¹	\$120,477 59	\$11,792 58 ¹	\$765,008 66	\$76,597 98
Foxborough Hospital,	3,852 25	1,879 13 ¹	42,400 39	15,808 01 ¹	294,696 50	3,023 27 ¹
School for the Feeble-minded at Waltham,	5,988 95	3,563 33 ¹	163,678 59	2,254 50 ¹	906,770 20	4,133 27
Wrentham School,	2,593 34	1,823 68 ¹	68,167 65	8,358 40	676,431 06	211,178 56
Totals,	\$19,555 70	\$11,200 83 ¹	\$403,722 22	\$21,556 69 ¹	\$2,642,907 31	\$280,686 54
Totals, hospitals, asylums and miscellaneous,	\$89,699 76	\$24,952 80 ¹	\$1,673,143 39	\$16,883 25 ¹	\$15,536,431 06	\$1,117,233 07
Mental Wards, State Infirmary,	\$10,604 91	\$976 02	\$78,395 76	\$535 30	\$453,010 78	\$8,384 10
Bridgewater Hospital,	5,089 16	795 43 ¹	119,211 88	978 04	419,529 23	10,973 96
Totals,	\$15,694 07	\$180 59	\$197,607 64	\$1,513 34	\$872,540 01	\$19,358 06
Aggregates,	\$105,393 83	\$24,772 21 ¹	\$1,870,751 03	\$15,393 91 ¹	\$16,408,971 07	\$1,136,591 13

¹ Decrease.² Includes Psychopathic Department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1914* — Concluded.

INSTITUTIONS.	REAL AND PERSONAL PROPERTY — CON.					
	TOTAL REAL AND PERSONAL.		PRIVATE FUNDS.		TOTAL INVENTORY.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$2,203,522 62	\$7,151 57	\$8,638 19	\$334 51 ¹	\$2,212,160 81	\$6,817 06
Taunton Hospital,	916,153 12	4,724 81 ¹	—	—	916,153 12	4,724 81 ¹
Northampton Hospital,	1,045,623 36	16,070 27	668 56	90 74 ¹	1,046,291 92	15,988 53
Danvers Hospital,	1,858,820 58	17,815 94	—	—	1,858,820 58	17,815 94
Westborough Hospital,	1,019,979 39	10,267 12	3,523 11	3,523 11	1,023,502 70	13,790 23
Boston Hospital, ²	2,937,684 64	538,478 69	—	—	2,937,684 64	538,478 69
Totals,	\$9,981,783 91	\$555,067 78	\$12,829 86	\$3,097 86	\$9,994,613 77	\$558,165 64
Worcester Asylum,	\$1,847,275 45	\$353,824 26	—	—	\$1,847,275 45	\$353,824 26
Medfield Hospital,	1,675,463 34	108,759 66 ¹	—	—	1,675,463 34	108,759 66 ¹
Gardner Colony,	658,422 22	2,137 59	—	—	658,422 22	2,137 59
Totals,	\$4,181,161 01	\$247,202 19	—	—	\$4,181,161 01	\$247,202 19
Totals, hospitals and asylums,	\$14,162,944 92	\$832,269 97	\$12,829 86	\$3,097 86	\$14,175,774 78	\$835,367 83
Miscellaneous: —						
Monson Hospital,	\$894,486 25	\$64,805 40	—	—	\$894,486 25	\$64,805 40
Foxborough Hospital,	337,096 80	18,891 28 ¹	—	—	337,096 80	18,891 28 ¹
School for the Feeble-minded at Waltham,	1,070,446 79	1,878 77	\$56,800 00	\$2,035 05 ¹	1,127,246 79	156 28 ¹
Wrentham School,	744,599 60	220,336 96	—	—	744,599 60	220,336 96
Totals,	\$3,046,629 53	\$268,129 85	\$56,800 00	\$2,035 05 ¹	\$3,103,429 53	\$266,094 80
Totals, hospitals, asylums and miscellaneous,	\$17,209,574 45	\$1,100,399 82	\$69,629 86	\$1,062 81	\$17,279,204 31	\$1,101,462 63
Mental Wards, State Infirmary,	\$531,406 54	\$8,919 40	—	—	\$531,406 54	\$8,919 40
Bridgewater Hospital,	538,741 11	11,952 00	—	—	538,741 11	11,952 00
Totals,	\$1,070,147 65	\$20,871 40	—	—	\$1,070,147 65	\$20,871 40
Aggregates,	\$18,279,722 10	\$1,121,271 22	\$69,629 86	\$1,062 81	\$18,349,351 96	\$1,122,334 03

² Includes Psychopathic Department.¹ Decrease.

TABLE 4. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1914 (available for Maintenance the Following Year under Section 2, Chapter 175, Acts of 1905).

INSTITUTIONS.	RECEIPTS FOR SUPPORT.				RECEIPTS ON ACCOUNT OF SALES OR REFUNDS.			
	Town.	Reimbursing.	Private.	Total Support.	Salaries, Wages and Labor.	Food.	Clothing and Clothing Material.	Furnishings.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	—	\$17,249 81	\$37,697 44	\$54,947 25	—	\$975 62	\$406 31	\$3 69
Taunton Hospital,	—	13,638 40	22,300 02	35,938 42	—	14 04	430 52	20 91
Northampton Hospital,	—	14,287 10	36,239 35	48,526 45	—	280 08	301 85	2 00
Danvers Hospital,	—	25,540 37	32,815 65	58,356 02	—	224 29	326 62	16 99
Westborough Hospital,	—	16,448 37	64,296 91	80,745 28	—	782 37	120 05	112 45
Boston Hospital,	—	13,668 07	26,446 13	40,114 20	—	1,028 25	55 00	4 50
Totals,	—	\$100,832 12	\$218,796 40	\$319,628 52	—	\$3,313 65	\$1,640 35	\$160 54
Worcester Asylum,	—	\$9,362 36	—	\$9,362 36	—	\$139 70	\$455 23	\$0 20
Medfield Hospital,	—	8,443 21	—	8,443 21	—	69 90	196 79	124 42
Gardner Colony,	—	1,307 03	—	1,307 03	—	49 11	322 20	1 52
Totals,	—	\$19,112 60	—	\$19,112 60	—	\$258 71	\$974 22	\$126 14
Totals, hospitals and asylums,	—	\$119,944 72	\$218,796 40	\$338,741 12	—	\$3,572 36	\$2,614 57	\$286 68
Miscellaneous: —								
Monson Hospital,	—	\$3,527 28	\$8,007 40	\$11,534 68	\$4 00	\$291 56	\$114 16	\$12 93
Foxborough Hospital,	—	2,097 90	962 80	3,060 70	—	10 60	15 04	—
School for the Feeble-minded at Waltham,	\$1,154 67	1,613 44	14,037 51	16,805 62	—	121 80	793 78	155 86
Wrentham School,	—	855 73	88 57	944 30	—	—	21 28	—
Totals,	\$1,154 67	\$8,094 35	\$23,096 28	\$32,345 30	\$4 00	\$423 96	\$944 26	\$168 79
Totals, hospitals, asylums and miscellaneous,	\$1,154 67	\$128,039 07	\$241,892 68	\$371,086 42	\$4 00	\$3,996 32	\$3,558 83	\$455 47
Mental Wards, State Infirmary,	—	\$633 28	—	\$633 28	—	—	\$102 50 ²	—
Bridgewater Hospital,	—	394 57	—	394 57	—	\$6 13 ²	2 76 ²	\$32 11 ²
Totals,	—	\$1,027 85	—	\$1,027 85	—	\$6 13 ²	\$105 26 ²	\$32 11 ²
Aggregates,	\$1,154 67	\$129,066 92	\$241,892 68	\$372,114 27	\$4 00	\$4,002 45	\$3,664 09	\$457 58

¹ Includes Psychopathic Department.² Pro rata.

TABLE 4. — *Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1914, etc. — Concluded.*

INSTITUTIONS.	RECEIPTS ON ACCOUNT OF SALES OR REFUNDS — Con.					Miscellaneous.	Total Institution Receipts.	Sales on Account of Industries Fund.
	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Sundries.	Total Sales or Refunds.			
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	—	\$12 95	\$811 45	\$88 58	\$2,298 60	\$888 28	\$58,134 13	\$18 83
Taunton Hospital,	—	38 67	561 08	29 11	1,094 33	947 09	37,980 74	363 18
Norhampton Hospital,	—	—	1,036 38	231 47	1,851 73	206 26	51,584 44	—
Danvers Hospital,	\$0 95	536 04	1,208 25	137 79	2,504 33	591 35	61,451 70	856 14
Westborough Hospital,	—	3 88	399 17	183 28	1,601 20	891 51	82,857 99	729 00
Boston Hospital,	91 58	57 30	1,030 75	5 00	2,272 38	521 80	42,908 38	178 74
Totals,	\$146 88	\$648 84	\$5,047 08	\$665 23	\$11,622 57	\$3,746 29	\$334,997 38	\$2,133 49
Worcester Asylum,	—	\$14 84	\$232 17	\$329 24	\$1,171 38	\$422 09	\$10,955 83	\$82 81
Medfield Hospital,	\$4 90	162 30	3,030 20	37 71	3,626 22	422 71	12,492 14	—
Gardner Colony,	8 05	38 05	369 46	88 74	877 13	216 48	2,400 64	218 85
Totals, hospitals and asylums,	\$12 95	\$215 19	\$3,631 83	\$455 69	\$5,674 73	\$1,061 28	\$25,848 61	\$301 66
Miscellaneous: —	\$159 83	\$864 03	\$8,678 91	\$1,120 92	\$17,297 30	\$4,807 57	\$360,545 99	\$2,435 15
Monson Hospital,	—	\$68 25	\$1,315 16	\$1 03	\$1,807 09	\$357 94	\$13,699 71	\$13 10
Foxborough Hospital,	\$15 14	1,066 00	398 64	65 19	1,570 61	706 32	5,337 63	—
School for the Feeble-minded at Waltham,	18 40	241 23	661 47	100 83	2,093 37	434 27	16,333 26	—
Wrentham School,	—	—	206 74	2 25	230 27	136 95	1,311 52	—
Totals, miscellaneous,	\$33 54	\$1,375 48	\$2,582 01	\$109 30	\$5,701 34	\$1,635 48	\$39,082 12	\$13 10
Totals, hospitals, asylums and miscellaneous,	\$193 37	\$2,239 51	\$11,260 92	\$1,290 22	\$22,998 64	\$6,443 05	\$400,528 11	\$2,448 25
Mental Wards, State Infirmary,	—	—	\$39 58 ²	\$173 93 ²	\$316 01 ²	\$171 62 ²	\$1,120 91 ²	—
Bridgewater Hospital,	—	\$14 64 ²	1,067 90 ²	175 53 ²	1,299 12 ²	633 64 ²	2,327 33 ²	\$1,660 88 ²
Totals, Aggregates,	\$193 37	\$14 64 ²	\$1,107 48 ²	\$349 51 ²	\$1,615 13 ²	\$805 26 ²	\$3,448 24 ²	\$1,660 88 ²
		\$2,554 15	\$12,368 40	\$1,639 73	\$24,613 77	\$7,248 31	\$403,976 35	\$4,109 13

¹ Includes Psychopathic Department.² Pro rata.

TABLE 5. — *Expenses for Maintenance and Net Weekly Per Capitas for the Fiscal Year ending Nov. 30, 1914.*

INSTITUTIONS.	Average Number of Patients.	SALARIES, WAGES AND LABOR ON PAY ROLLS.					FOOD.	
		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.
					1914.	Three Years' Average, 1911-13.		
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	1,399	\$149,564 21	—	\$149,564 21	\$2,0559	\$1,8752	\$88,585 31	\$975 62
Taunton Hospital,	1,226	119,644 70	—	119,644 70	1,3767	1,9374	64,987 14	14 04
Northampton Hospital,	929	81,381 94	—	81,381 94	1,0846	1,4869	54,328 67	289 08
Danvers Hospital,	1,472	148,989 35	—	148,989 35	1,9464	1,9548	72,948 35	224 29
Westborough Hospital,	1,237	149,871 87	—	149,871 87	2,3299	2,1659	72,880 38	782 37
Boston Hospital, exclusive of Psychopathic Department,	1,284	141,896 20	—	141,896 20	2,1252	2,2167	84,265 64	1,028 25
Boston Hospital, including Psychopathic Department,	1,371	200,988 22	—	200,988 22	2,8192	—	103,744 32	1,028 25
Totals and averages,	7,634	\$850,440 29	—	\$850,440 29	\$2,1423	\$1,9496 ¹	\$457,474 17	\$3,313 65
Worcester Asylum,	1,369	\$133,914 30	—	\$133,914 30	\$1,8811	\$1,8236	\$79,184 05	\$139 70
Medfield Hospital,	1,664	156,343 68	—	156,343 68	1,8068	1,5588	98,986 03	69 90
Gardner Colony,	712	63,537 35	—	63,537 35	1,7161	1,5079	27,868 30	49 11
Totals and averages,	3,745	\$353,795 33	—	\$353,795 33	\$1,8168	\$1,6365	\$206,038 38	\$258 71
Totals and averages, hospitals and asylums,	11,379	\$1,204,235 62	—	\$1,204,235 62	\$2,0352	\$1,8437 ¹	\$663,512 55	\$3,572 36
Miscellaneous: —								
Monson Hospital,	947	\$100,244 16	\$4 00	\$100,240 16	\$2,0356	\$1,8874	\$53,375 19	\$291 56
Foxborough Hospital,	291	41,646 73	—	41,646 73	2,7523	2,0526	20,049 91	10 60
School for the Feeble-minded at Waltham,	1,558	129,587 20	—	129,587 20	1,5905	1,5476	58,720 18	121 80
Wrentham School,	600	47,723 32	—	47,723 32	1,5296	1,7737	22,621 83	—
Totals and averages,	3,396	\$319,201 41	\$4 00	\$319,197 41	\$1,8076	\$1,7295	\$154,767 11	\$423 96
Totals and averages, hospitals, asylums and miscellaneous,	14,775	\$1,523,437 03	\$4 00	\$1,523,433 03	\$1,9829	\$1,8182 ¹	\$818,279 66	\$3,996 32
Mental Wards, State Infirmary, ²	727	\$48,453 05	—	\$48,453 05	\$1,2817	—	\$41,967 78	—
Bridgewater Hospital, ²	790	34,525 88	—	34,525 88	.8404	—	26,918 26	\$6 13
Totals and averages,	1,517	\$82,978 93	—	\$82,978 93	\$1,0519	—	\$71,886 04	\$6 13
Aggregates,	16,292	\$1,606,415 96	\$4 00	\$1,606,411 96	\$1,3962	—	\$890,165 70	\$4,002 45

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	Food — Con.			CLOTHING AND CLOTHING MATERIAL.				
	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
		1914.	Three Years' Average, 1911-13.				1914.	Three Years' Average, 1911-13.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$87,609 69	\$1,2043	\$1,1710	\$9,354 43	\$406 31	\$8,948 12	\$0,1230	\$0,1185
Taunton Hospital,	64,973 10	1,0192	1,0686	6,669 99	430 52	6,239 47	.0979	.0986
Northampton Hospital,	54,039 59	1,1186	1,0974	5,055 47	301 85	4,753 62	.0984	.1000
Danvers Hospital,	72,724 06	.9501	.9339	6,768 72	326 62	6,442 10	.0842	.1264
Westborough Hospital,	72,098 01	1,1209	1,1669	7,595 31	120 05	7,475 26	.1162	.1114
Boston Hospital, exclusive of Psychopathic De- partment,	83,237 39	1,2467	1,1646	7,855 79	55 00	7,800 79	.1168	.1393
Boston Hospital, including Psychopathic De- partment,	102,716 07	1,4408	—	9,289 49	55 00	9,234 49	.1295	—
Totals and averages,	\$454,160 52	\$1,1441	1,0960 ¹	\$44,733 41	\$1,640 35	\$43,093 06	\$0,1086	\$0,1168 ¹
Worcester Asylum,	\$79,044 35	\$1,1104	\$1,0761	\$14,102 97	\$455 23	\$13,647 74	\$0,1917	\$0,2060
Medfield Hospital,	98,916 13	1,1432	1,0477	23,889 01	196 79	23,692 22	.2738	.2132
Gardner Colony,	27,819 19	.7514	.6728	10,684 28	322 20	10,362 08	.2799	.1820
Totals and averages,	\$205,779 67	\$1,0567	\$0,9869	\$48,676 26	\$874 22	\$47,792 04	\$0,2450	\$0,2049
Totals and averages, hospitals and asylums, Miscellaneous: —	\$659,940 19	\$1,1153	\$1,0593 ¹	\$63,409 67	\$2,614 57	\$60,795 10	\$0,1535	\$0,1466 ¹
Monson Hospital,	\$53,083 63	\$1,0780	\$1,1069	\$5,251 45	\$114 16	\$5,137 29	\$0,1043	\$0,1273
Foxborough Hospital,	20,039 31	1,3243	1,1651	4,620 55	15 04	4,605 51	.3044	.1903
School for the Feeble-minded at Waltham, Wrentham School,	58,598 38	.7233	.8285	17,130 61	793 78	16,336 83	.2016	.2117
	22,621 83	.7251	.7616	8,712 16	21 28	8,690 88	.2786	.2068
Totals and averages, Totals and averages, hospitals, asylums and miscellaneous,	\$154,343 15	\$0,8740	\$0,9404	\$35,714 77	\$944 26	\$34,770 51	\$0,1969	\$0,1836
	\$814,283 34	\$1,0598	\$1,0326 ¹	\$129,124 44	\$3,558 83	\$125,565 61	\$0,1634	\$0,1549 ¹
Mental Wards, State Infirmary, ²	\$41,967 78	\$1,1101	—	\$1,569 39	\$102 50	\$6,466 89	\$0,1711	—
Bridgewater Hospital, ²	29,912 13	.7281	—	7,399 44	2 76	7,396 68	.1801	—
Totals and averages, Aggregates,	\$71,879 91	\$0,9112	—	\$13,968 83	\$105 26	\$13,863 57	\$0,1757	—
	\$886,163 25	\$1,0460	—	\$143,093 27	\$3,664 09	\$139,429 18	\$0,1646	—

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FURNISHINGS.						
	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.			
				1914.	Three Years' Average, 1911-13.	Beds, Bedding, Table Linen, etc.	Carpets, Rugs, etc.
The insane: —							
State hospitals and asylums: —							
Worcester Hospital,	\$16,516 06	\$3 69	\$16,512 37	\$0.2270	\$0.1744	\$0.1336	\$0.0048
Taunton Hospital,	11,847 21	20 91	11,826 30	.1855	.2151	.1247	.0061
Northampton Hospital,	4,790 50	2 00	4,788 50	.0991	.1064	.0764	.0056
Danvers Hospital,	16,625 38	16 99	16,608 39	.2170	.2335	.0708	.0134
Westborough Hospital,	13,001 18	112 45	12,888 73	.2004	.2139	.1019	.0053
Boston Hospital, exclusive of Psychopathic Department,	10,984 99	4 50	10,980 49	.1644	.2127	.0643	.0018
Boston Hospital, including Psychopathic Department,	14,929 44	4 50	14,924 94	.2094	—	.0795	.0041
Totals and averages,	\$77,709 77	\$160 54	\$77,549 23	\$0.1954	\$0.1959 ¹	\$0.0983	\$0.0067
Worcester Asylum,	\$15,675 71	\$0 20	\$15,675 51	\$0.2202	\$0.1959	\$0.1265	\$0.0018
Medfield Hospital,	13,880 64	124 42	13,756 22	.1590	.1207	.0931	.0015
Gardner Colony,	7,765 89	1 52	7,764 37	.2097	.1412	.1019	.0047
Totals and averages,	\$37,322 24	\$126 14	\$37,196 10	\$0.1910	\$0.1494	\$0.1079	\$0.0022
Totals and averages, hospitals and asylums,	\$115,032 01	\$286 68	\$114,745 33	\$0.1939	\$0.1801 ¹	\$0.1014	\$0.0053
Miscellaneous: —							
Monson Hospital,	\$7,371 37	\$12 93	\$7,358 44	\$0.1494	\$0.1965	\$0.0568	\$0.0093
Foxborough Hospital,	3,304 66	—	3,304 66	.2184	.1363	.0701	.0115
School for the Feeble-minded at Waltham,	11,210 76	155 86	11,054 90	.1365	.1531	.0587	.0034
Wrentham School,	3,417 65	—	3,417 65	.1095	.1674	.0151	.0091
Totals and averages,	\$25,304 44	\$168 79	\$25,135 65	\$0.1423	\$0.1649	\$0.0515	\$0.0067
Totals and averages, hospitals, asylums and miscellaneous,	\$140,336 45	\$455 47	\$139,880 98	\$0.1821	\$0.1767	\$0.0899	\$0.0056
Mental Wards, State Infirmary, ²	\$5,126 70	—	\$5,126 70	\$0.1356	—	—	—
Bridgewater Hospital, ²	3,104 11	\$32 11	3,072 00	.0748	—	—	—
Totals and averages,	\$8,230 81	\$32 11	\$8,198 70	\$0.1039	—	—	—
Aggregates,	\$148,567 26	\$487 58	\$148,079 68	\$0.1748	—	—	—

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	FURNISHINGS — Con.		HEAT, LIGHT AND POWER.				
	WEEKLY PER CAPITA—Con.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
	Furniture and Upholstery.	Crockery, Glassware, Cutlery, etc.				1914.	Three Years' Average, 1911-13.
The insane:—							
State hospitals and asylums: —							
Worcester Hospital,	\$0.0264	\$0.0158	\$32,204 45	—	\$32,204 45	\$0.4427	\$0.3689
Taunton Hospital, . . . . .	.0081	.0144	27,586 58	—	27,586 58	.4327	.2925
Northampton Hospital, . . . . .	.0095	.0062	13,134 11	\$0 95	13,133 16	.2719	.2739
Danvers Hospital, . . . . .	.0207	.0185	33,080 53	54 35	33,026 18	.4315	.3791
Westborough Hospital, . . . . .	.0049	.0172	31,665 32	—	31,665 32	.4923	.4934
Boston Hospital, exclusive of Psychopathic Department, . . . . .	.0028	.0175	33,408 34	91 58	33,316 76	.4990	.3824
Boston Hospital, including Psychopathic Department, . . . . .	.0118	.0210	42,560 29	91 58	42,468 71	.5957	—
Totals and averages,	\$0.0131	\$0.0163	\$180,231 28	\$146 88	\$180,084 40	\$0.4537	\$0.3709 ¹
Worcester Asylum,	\$0.0075	\$0.0212	\$34,955 72	—	\$34,955 72	\$0.4910	\$0.4443
Medfield Hospital, . . . . .	.0076	.0134	32,930 04	\$4 90	32,925 14	.3805	.3712
Gardner Colony, . . . . .	.0148	.0152	12,447 48	8 05	12,439 43	.3360	.3540
Totals and averages,	\$0.0089	\$0.0166	\$80,333 24	\$12 95	\$80,320 29	\$0.4124	\$0.3922
Totals and averages, hospitals and asylums,	\$0.0117	\$0.0164	\$260,364 52	\$159 83	\$260,404 69	\$0.4401	\$0.3781 ¹
Miscellaneous: —							
Monson Hospital,	\$0.0081	\$0.0188	\$26,974 64	—	\$26,974 64	\$0.5478	\$0.5161
Foxborough Hospital, . . . . .	.0724	.0097	14,614 62	\$15 14	14,599 48	.9648	.5322
School for the Feeble-minded at Waltham, . . . . .	.0217	.0086	20,789 74	18 40	20,771 34	.2564	.2284
Wrentham School, . . . . .	.0368	.0145	10,957 71	—	10,957 71	.3512	.3290
Totals and averages,	\$0.0249	\$0.0126	\$73,336 71	\$33 54	\$73,303 17	\$0.4151	\$0.3591
Totals and averages, hospitals, asylums and miscella- neous,	\$0.0147	\$0.0155	\$333,901 23	\$193 37	\$333,707 86	\$0.4343	\$0.3740
Mental Wards, State Infirmary, ²	—	—	\$11,092 49	—	\$11,092 49	\$0.2934	—
Bridgewater Hospital, ²	—	—	10,764 22	—	10,764 22	.2620	—
Totals and averages,	—	—	\$21,856 71	—	\$21,856 71	\$0.2771	—
Aggregates,	—	—	\$355,737 94	\$193 37	\$355,564 57	\$0.4197	—

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	HEAT, LIGHT AND POWER — CON.							
	COAL.							
	SOFT.		HARD.		BUCKWHEAT AND SCREENINGS.		TOTAL CONSUMPTION WEEKLY PER CAPITA.	
	Quan- tity, Long Tons.	Average Price.	Quan- tity, Long Tons.	Average Price.	Quan- tity, Long Tons.	Average Price.	Quan- tity, Long Tons.	Cost. 1914. Three Years' Average, 1911-13.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	6,289	\$4 59	366	\$6 70	—	—	.0915	\$0.4320 \$0.3576
Taunton Hospital,	4,739	4 46	718	6 82	—	—	.0856	.4084 .2708
Northampton Hospital,	3,046	3 91	108	6 82	—	—	.0653	.2621 .2620
Denvers Hospital,	6,383	4 55	397	6 39	—	—	.0886	.3957 .3529
Westborough Hospital,	6,030	4 52	653	6 57	—	—	.1070	.4909 .4909
Boston Hospital, exclusive of Psychopathic De- partment,	6,366	4 88	264	7 25	—	—	.0993	.4944 —
Boston Hospital, including Psychopathic De- partment,	7,998	4 93	287	7 25	—	—	.1162	.5819 —
Totals and averages,	34,485	\$4 53	2,529	\$6 75	—	—	.0932	\$0.4370 —
Worcester Asylum,	1,861	\$4 08	268	\$6 47	7,946	\$3 10	.1415	\$0.4771 \$0.4301
Medfield Hospital,	6,615	4 28	458	6 44	—	—	.0817	.3611 .3593
Gardner Colony,	1,401	3 89	340	6 90	282	2 60	.0346	.2404 .3040
Totals and averages,	9,877	\$4 19	1,066	\$6 59	8,228	\$3 08	.0984	\$0.3806 \$0.3725
Totals and averages, hospitals and asylums,	44,362	\$4 46	3,595	\$6 71	8,228	\$3 08	.0949	\$0.4184 —
Miscellaneous: —								
Monson Hospital,	3,799	\$4 40	1,004	\$6 46	—	—	.0975	\$0.4714 \$0.4964
Foxborough Hospital,	2,911	4 36	88	7 04	—	—	.1982	.8799 .4794
School for the Feeble-minded at Waltham,	3,367	4 08	749	7 27	—	—	.0508	.2369 .2149
Wrentham School,	1,998	4 80	155	7 22	—	—	.0690	.3431 .3214
Totals and averages,	12,075	\$4 37	1,966	\$6 85	—	—	.0797	\$0.3761 \$0.3399
Totals and averages, hospitals, asylums and miscellaneous,	56,437	\$4 44	5,501	\$6 76	8,228	\$3 08	.0914	\$0.4087 —
Mental Wards, State Infirmary,	—	—	—	—	—	—	—	— —
Bridgewater Hospital,	—	—	—	—	—	—	—	— —
Totals and averages,	—	—	—	—	—	—	—	— —
Aggregates,	—	—	—	—	—	—	—	— —

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	REPAIRS AND IMPROVEMENTS.							
	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.				
				1914.	Three Years' Average, 1911-13.	Plumbing, Steam Fitting and Supplies.	Electrical Work and Supplies.	Paints, Oils, Glass, etc.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$15,233 60	\$12 95	\$15,220 65	\$0.2092	\$0.2265	\$0.0401	\$0.0187	\$0.0446
Taunton Hospital,	10,774 56	38 67	10,735 89	.1084	.2085	.0487	.0091	.0262
Northampton Hospital,	10,208 90	—	10,208 90	.2113	.2369	.0417	.0146	.0343
Danvers Hospital,	33,605 02	536 04	33,068 98	.4320	.4803	.1275	.0393	.0433
Westborough Hospital,	13,250 89	3 88	13,247 01	.2059	.1744	.0288	.0202	.0173
Boston Hospital, exclusive of Psychopathic Department,	10,971 27	57 30	10,913 97	.1635	.2117	.0297	.0158	.0343
Boston Hospital, including Psychopathic Department,	12,945 54	57 30	12,888 24	.1808	—	.0319	.0205	.0414
Totals and averages,	\$96,018 51	\$648 84	\$95,369 67	\$0.2402	\$0.2666 ¹	\$0.0544	\$0.0212	\$0.0351
Worcester Asylum,	\$11,695 62	\$14 84	\$11,680 78	\$0.1641	\$0.1566	\$0.0480	\$0.0148	\$0.0234
Medfield Hospital,	14,418 22	162 30	14,255 92	.1648	.1455	.0402	.0148	.0198
Gardner Colony,	11,060 61	38 05	11,022 56	.2977	.3204	.0758	.0581	.0397
Totals and averages,	\$37,174 45	\$215 19	\$36,959 26	\$0.1898	\$0.1818	\$0.0498	\$0.0243	\$0.0249
Totals and averages, hospitals and asylums,	\$133,192 96	\$864 03	\$132,328 93	\$0.2236	\$0.2377	\$0.0529	\$0.0222	\$0.0318
Miscellaneous: —								
Monson Hospital,	\$11,714 14	\$68 25	\$11,645 89	\$0.2365	\$0.2198	\$0.0796	\$0.0143	\$0.0265
Toxborough Hospital,	4,417 03	1,066 00	3,351 03	.2215	.2731	.0563	.0328	.0512
School for the Feeble-minded at Waltham,	17,095 94	241 23	16,854 71	.2080	.1809	.0394	.0160	.0149
Wrentham School,	5,510 04	—	5,510 04	.1766	.2320	.0262	.0123	.0480
Totals and averages,	\$38,737 15	\$1,375 48	\$37,361 67	\$0.2116	\$0.2090	\$0.0497	\$0.0163	\$0.0271
Totals and averages, hospitals, asylums and miscellaneous,	\$171,930 11	\$2,239 51	\$169,690 60	\$0.2209	\$0.2313 ¹	\$0.0522	\$0.0208	\$0.0307
Mental Wards, State Infirmary, ²	\$8,217 76	—	\$8,217 76	\$0.2174	—	—	—	—
Bridgewater Hospital, ²	4,673 40	\$14 64	4,658 76	.1134	—	—	—	—
Totals and averages,	\$12,891 16	\$14 64	\$12,876 52	\$0.1632	—	—	—	—
Aggregates,	\$184,821 27	\$2,254 15	\$182,567 12	\$0.2155	—	—	—	—

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

FARM, STABLE AND GROUNDS.								
INSTITUTIONS.	WEEKLY PER CAPITA.							
	Gross Expenses.	Receipts.	Net Expenses.	1914.	Three Years' Average, 1911-13.	Carriages, Wagons and Repairs.	Hay, Grain, etc.	Fertilizers, Vines, Seeds, etc.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$21,484 92	\$811 45	\$20,673 47	\$0 2842	\$0 2300	\$0 0140	\$0 1956	\$0 0127
Taunton Hospital,	21,048 77	561 08	20,487 69	.3214	.3729	.0127	.2452	.0313
Northampton Hospital,	15,781 31	1,036 38	14,744 93	.3052	.3411	.0103	.2011	.0498
Danvers Hospital,	17,969 49	1,208 25	16,761 24	.2190	.2384	.0195	.1267	.0287
Westborough Hospital,	20,897 87	399 17	20,498 70	.3187	.3204	.0006	.2279	.0224
Boston Hospital, exclusive of Psychopathic Department,	12,801 99	1,030 75	11,771 24	.1763	.2422	.0372	.0598	.0152
Boston Hospital, including Psychopathic Department,	12,801 99	1,030 75	11,771 24	.1651	—	.0348	.0560	.0142
Totals and averages,	\$109,984 35	\$5,047 08	\$104,937 27	\$0 2643	\$0 2843 ¹	\$0 0160	\$0 1711	\$0 0251
Worcester Asylum,	\$13,108 95	\$232 17	\$12,876 78	\$0 1809	\$0 2593	\$0 0184	\$0 0951	\$0 0344
Medfield Hospital,	27,833 45	3,030 20	24,803 25	.2866	.3050	.0044	.2504	.0147
Gardner Colony,	17,964 18	369 46	17,594 72	.4752	.4185	.0202	.2440	.1293
Totals and averages,	\$58,906 58	\$3,631 83	\$55,274 75	\$0 2838	\$0 3112	\$0 0125	\$0 1924	\$0 0137
Totals and averages, hospitals and asylums,	\$168,890 93	\$8,678 91	\$160,212 02	\$0 2708	\$0 2933 ¹	\$0 0148	\$0 1781	\$0 0312
Miscellaneous: —								
Monson Hospital,	\$10,619 78	\$1,315 16	\$9,304 62	\$0 1890	\$0 2696	\$0 0158	\$0 1498	\$0 0136
Foxborough Hospital,	8,520 57	398 64	8,121 93	.5367	.3805	.0789	.2150	.0478
School for the Feeble-minded at Waltham,	28,698 45	661 47	28,036 98	.3461	.3836	.0099	.2351	.0494
Wrentham School,	13,894 35	206 74	13,687 61	.4357	.4707	.0145	.2334	.0769
Totals and averages,	\$61,733 15	\$2,582 01	\$59,151 14	\$0 3350	\$0 3612	\$0 0183	\$0 2093	\$0 0441
Totals and averages, hospitals, asylums and miscellaneous,	\$230,624 08	\$11,260 92	\$219,363 16	\$0 2855	\$0 3084 ¹	\$0 0156	\$0 1853	\$0 0342
Mental Wards, State Infirmary, ²	\$5,866 10	\$39 58	\$5,826 52	\$0 1541	—	—	—	—
Bridgewater Hospital, ²	9,500 34	1,067 90	8,432 44	.2053	—	—	—	—
Totals and averages,	\$15,366 44	\$1,107 48	\$14,258 96	\$0 1808	—	—	—	—
Aggregates,	\$245,990 52	\$12,368 40	\$233,622 12	\$0 2757	—	—	—	—

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

MISCELLANEOUS.									
FARM, STABLE AND GROUNDS — COL.		WEEKLY PER CAPITA.							
WEEKLY PER CAPITA — COL.		GROSS EXPENSES.				RECEIPTS.		NET EXPENSES.	
Cows.		Horses.		Gross Expenses.		Receipts.		Net Expenses.	

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	MISCELLANEOUS — Con.				TOTAL MAINTENANCE EXPENSES.		
	WEEKLY PER CAPITA — Con.				GROSS WEEKLY PER CAPITA.	Three Years' Average, 1911-13.	Receipts from Sales or Refunds.
	Funeral Expenses returning Escaped Patients and printing Annual Report.	Religious Services.	Medicines and Hospital Supplies.	Tobacco.			
The insane: —							
State hospitals and asylums: —							
Worcester Hospital,	\$0.0093	\$0.0177	\$0.0510	\$0.0187	\$359,408 80	\$4.9404	\$3,186 88
Taunton Hospital, . . . . .	.0098	.0259	.0540	.0177	291,122 96	4.5665	2,041 42
Northampton Hospital, . . . . .	.0045	.0222	.0142	.0012	198,465 98	4.1083	2,057 99
Danvers Hospital, . . . . .	.0058	.0119	.0175	.0167	354,976 94	4.6375	4,710 1
Westborough Hospital, . . . . .	.0098	.0236	.0387	.0160	331,497 33	5.1535	3,095 68
Boston Hospital, exclusive of Psychopathic Department, . . . . .	.0066	.0202	.0393	.0029	322,549 09	4.8309	2,192 71
Boston Hospital, including Psychopathic Department, . . . . .	.0078	.0203	.0685	.0028	427,962 35	6.0029	2,794 18
Totals and averages,	\$0.0078	\$0.0199	\$0.0417	\$0.0127	\$1,963,434 36	\$4.9461	\$15,368 86
Worcester Asylum,	\$0.0117	\$0.0199	\$0.0198	\$0.0135	\$321,053 56	\$4.5099	\$1,593 47
Medfield Hospital, . . . . .	.0072	.0138	.0377	.0179	384,636 96	4.4452	4,048 93
Gardner Colony, . . . . .	.0090	.0244	.0308	.0289	100,861 62	4.3448	1,093 61
Totals and averages, hospitals and asylums,	\$0.0092	\$0.0180	\$0.0299	\$0.0183	\$866,562 14	\$4.4498	\$6,736 01
Totals and averages, hospitals and asylums,	\$0.0083	\$0.0193	\$0.0378	\$0.0146	\$2,829,986 50	\$4.7827	\$22,104 87
Miscellaneous: —							
Monson Hospital,	\$0.0064	\$0.0317	\$0.0358	\$0.0118	\$230,429 12	\$4.6793	\$2,165 03
Foxborough Hospital, . . . . .	.0221	.0004	.0887	.0322	107,556 32	7.1079	2,276 93
School for the Feeble-minded at Waltham, . . . . .	.0047	.0181	.0140	.0004	311,142 30	3.8405	2,527 64
Wrentham School, . . . . .	.0058	.0219	.0260	—	120,695 09	3.8684	367 22
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0069	\$0.0262	\$0.0286	\$0.0061	\$769,822 83	\$4.3593	\$7,336 82
Mental Wards, State Infirmary, ²	\$0.0079	\$0.0209	\$0.0357	\$0.0126	\$3,599,809 33	\$4.6854	\$20,441 69
Bridgewater Hospital, ²	—	—	—	—	\$137,968 79	\$3.6496	\$487 63
Totals and averages,	—	—	—	—	108,056 73	2.6304	1,932 76
Aggregates,	—	—	—	—	\$246,025 52	\$3.1188	\$2,420 39
	—	—	—	—	\$3,845,834 85	\$4.5395	\$31,862 08

¹ Excludes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 5. — *Expenses for Maintenance, etc. — Concluded.*

INSTITUTIONS.	TOTAL MAINTENANCE EXPENSES — CON.			MAINTENANCE APPROPRIATION.			Deficiencies.	Balance reverting to State Treasury.
	NET WEEKLY PER CAPITA.			Receipts of 1913.	In Addition to Such Receipts.	Totals.		
	Net Expenses.	1914.	Three Years' Average, 1911-13.					
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$356,221 92	\$4,8967	\$4,4199	\$95,130 52	\$297,625 94 ¹	\$362,756 46 ¹	—	\$3,347 66 ¹
Taunton Hospital,	289,081 54	4,5345	4,6657	36,676 01	254,644 84 ²	291,320 85 ²	—	197 89
Northampton Hospital,	196,407 99	4,0657	3,8863	51,665 75	146,562 75 ³	198,618 50 ³	—	132 82
Danvers Hospital,	351,881 26	4,5971	4,5971	59,069 68	295,930 32	355,000 00	—	23 06
Westborough Hospital,	329,304 62	5,1195	4,9192	80,143 40	251,556 60	331,700 00	—	202 67
Boston Hospital, exclusive of Psychopathic Department,	319,754 91	4,7890	4,8748	—	—	—	—	—
Boston Hospital, including Psychopathic Department,	425,168 17	5,9638	—	42,255 17	385,957 44 ⁴	428,212 61 ⁴	—	250 26
Totals and averages,	\$1,948,065 50	\$4,9074	\$4,5803 ⁵	\$334,940 53	\$1,632,667 89	\$1,967,608 42	—	\$4,174 06
Worcester Asylum,	\$319,480 09	\$4,4875	\$4,3838	\$10,612 36	\$304,476 33 ⁶	\$315,088 69 ⁶	\$5,964 87	—
Medfield Hospital,	380,588 03	4,3984	3,9119	14,171 41	373,512 59	387,684 00	—	\$3,047 04
Gardner Colony,	159,768 01	4,3152	3,7642	2,812 55	146,548 39 ⁷	149,360 94 ⁷	11,500 68	—
Totals and averages,	\$859,816 13	\$4,4152	\$4,0400	\$27,596 32	\$824,537 31	\$852,133 63	\$17,465 55	\$3,047 04
Totals and averages, hospitals and asylums,	\$2,807,881 63	\$4,7454	\$4,3973 ⁵	\$362,536 85	\$2,457,205 20	\$2,819,742 05	\$17,465 55	\$7,221 10
Miscellaneous: —								
Monson Hospital,	\$228,264 09	\$4,6354	\$4,6276	\$16,307 78	\$215,055 22	\$231,363 00	—	\$933 88
Roxborough Hospital,	105,279 39	6,9574	5,2624	4,391 97	103,938 03	108,330 00	—	773 68
School for the Feeble-minded at Waltham,	308,614 66	3,8093	3,8096	18,443 41	290,250 70 ⁸	308,694 11 ⁸	\$2,448 19	—
Wrentham School,	120,327 87	3,8567	4,1983	1,114 23	123,875 77 ⁹	124,990 00 ⁹	—	4,294 91
Totals and averages,	\$762,486 01	\$4,3178	\$4,2596	\$40,257 39	\$733,119 72	\$773,377 11	\$2,448 19	\$6,002 47
Totals and averages, hospitals, asylums and miscellaneous,	\$3,570,367 64	\$4,6471	\$4,3666	\$402,794 24	\$3,190,324 92	\$3,593,119 16	\$19,913 74	\$13,223 57
Mental Wards, State Infirmary, ¹⁰	\$137,481 16	\$3,6367	—	\$1,530 05	\$136,447 31	\$137,977 36	—	\$8 57
Bridgewater Hospital, ¹⁰	106,123 97	2,5833	—	3,832 79	104,178 90	108,061 69	—	4 97
Totals and averages,	\$243,605 13	\$3,0831	—	\$5,412 84	\$240,626 21	\$246,039 05	—	\$13 54
Aggregates,	\$3,813,972 77	\$4,3019	—	\$408,207 08	\$3,430,951 13	\$3,839,158 21	\$19,913 74	\$13,237 11

¹ Includes deficiency of 1913, \$255.61, and \$0.85 brought from 1913.² Includes balance brought forward, \$20.55.³ Includes balance brought forward, \$1,818.50.⁴ Includes balance brought forward, \$212.61.⁵ Excludes Psychopathic Department.⁶ Includes balance brought forward, \$88.69.⁷ Includes deficiency, \$135.12, and balance brought forward, \$5.82.⁸ Includes balance brought forward, \$875.22, and sewage, \$320.89.⁹ Includes balance brought forward, \$60.¹⁰ State Infirmary and Bridgewater figures are pro rata.

TABLE 6. — *Whole Weekly Per Capita Cost of Support of a Patient in the Institutions for the Insane, Feeble-minded, Epileptic and Inebriate for the Fiscal Year ending Nov. 30, 1914.*

INSTITUTIONS.	Average Number of Patients, 1914.	Total Real and Personal Property.	Per Capita Valuation.	WEEKLY PER CAPITA COST.						
				Interest 3.54 Per Cent.	Depreciation.	Maintenance, exclusive of Repairs and Improvements.	Gross Cost.	Receipts.	Net Cost.	
The insane: —										
State hospitals and asylums: —										
Worcester Hospital,	1,399	\$2,203,522 62	\$1,575 07	\$1 07	\$0 46	\$4 47	\$6 00	\$0 80	\$5 20	
Taunton Hospital,	1,226	916,153 12	747 27	51	30	4 27	5 08	60	4 48	
Norfolk Hospital,	929	1,045,623 36	1,125 54	77	51	3 74	5 02	1 07	3 95	
Danvers Hospital,	1,472	1,858,820 58	1,262 78	86	78	3 86	5 50	80	4 70	
Westborough Hospital,	1,237	1,019,979 59	824 56	56	32	4 84	5 72	1 29	4 43	
Boston Hospital, ¹	1,371	2,937,684 64	2,142 73	1 46	29	5 71	7 46	60	6 86	
Totals and averages,	7,634	\$9,981,783 91	\$1,307 54	\$0 89	\$0 45	\$4 51	\$5 85	\$0 84	\$5 01	
Worcester Asylum,	1,369	\$1,847,275 45	\$1,349 36	\$0 92	\$0 28	\$4 23	\$5 43	\$0 15	\$5 28	
Medfield Hospital,	1,664	1,675,463 34	1,006 89	68	32	4 13	5 13	14	4 99	
Gardner Colony,	712	658,422 22	924 75	63	52	3 83	4 98	06	4 92	
Totals and averages,	3,745	\$4,181,161 01	\$1,116 46	\$0 76	\$0 34	\$4 11	\$5 21	\$0 13	\$5 08	
Totals and averages, hospitals and asylums,	11,379	\$14,162,944 92	\$1,244 66	\$0 85	\$0 41	\$4 38	\$5 64	\$0 61	\$5 03	
Miscellaneous: —										
Monson Hospital,	947	\$894,486 25	\$944 55	\$0 64	\$0 38	\$4 30	\$5 32	\$0 28	\$5 04	
Foxborough Hospital,	291	337,096 89	1,158 41	79	55	6 56	7 90	35	7 55	
School for the Feeble-minded at Waltham,	1,558	1,070,446 79	687 06	47	37	3 47	4 31	24	4 07	
Wrentham School,	600	744,599 60	1,241 00	84	30	3 57	4 71	04	4 67	
Totals and averages,	3,396	\$3,046,629 53	\$897 12	\$0 61	\$0 37	\$3 98	\$4 96	\$0 22	\$4 74	
Totals and averages, hospitals, asylums and miscellaneous,	14,775	\$17,209,574 45	\$1,164 78	\$0 79	\$0 40	\$4 29	\$5 48	\$0 52	\$4 96	
Mental Wards, State Infirmary, ²	727	\$531,406 54	\$730 96	\$0 50	\$0 33	\$3 32	\$4 15	\$0 03	\$4 12	
Bridgewater Hospital, ²	790	538,741 11	681 95	46	13	2 49	3 08	06	3 02	
Totals and averages,	1,517	\$1,070,147 65	\$705 44	\$0 48	\$0 23	\$2 89	\$3 60	\$0 04	\$3 56	
Aggregates,	16,292	\$18,279,722 10	\$1,122 01	\$0 76	\$0 39	\$4 16	\$5 31	\$0 48	\$4 83	

¹ Includes Psychopathic Department.² State Infirmary and Bridgewater figures are pro rata.

TABLE 7. — *Receipts and Expenses on Account of Institutions for the Insane, Feeble-minded, Epileptic and Inebriate for the Fiscal Year ending Nov. 30, 1914.*

	EXPENSES.				Total Receipts.	Net Expenses.
	Increase- ing Value of Plant.	Which counterbalance Depreciation.	Maintenance, exclusive of Repairs and Im- provements.	Total Expenses.		
State Board of Insanity:—						
Office, traveling and contingent expenses, salaries and printing						
annual report,	—	—	\$54,815 10	\$54,815 10	\$97 06 ¹	\$54,718 04
Transportation and deportation of patients, etc.,	—	—	13,497 26	13,497 26	7 76	13,489 50
Pathological investigation,	—	—	2,498 17	2,498 17	—	2,498 17
Totals,	—	—	\$70,810 53	\$70,810 53	\$104 82	\$70,705 71
The insane:—						
State hospitals and asylums:—						
Worcester Hospital,	\$18,271 34	\$34,188 61	\$323,772 93	\$376,232 88	\$58,134 13	\$318,098 75
Taunton Hospital,	17,019 71	18,944 84	270,220 62	306,185 17	37,980 74	268,204 43
Northampton Hospital,	8,354 63	24,474 54	180,589 53	213,418 70	51,584 44	161,834 26
Danvers Hospital,	—	53,764 24	205,140 70	354,904 94	61,431 70	293,473 24
Westborough Hospital,	59,649 83	20,390 83	305,314 45	385,355 11	82,937 99	302,417 12
Boston Hospital, ²	284,699 56	20,735 27	407,224 08	712,661 91	42,908 38	669,753 53
Totals,	\$387,995 07	\$78,501 33	\$1,782,282 31	\$2,348,758 71	\$334,997 38	\$2,013,761 33
Worcester Asylum,	\$362,168 69	\$19,911 17	\$300,827 19	\$682,907 05	\$10,955 83	\$671,951 22
Medfield Hospital,	1,246 03	27,445 43	357,191 53	385,882 99	12,492 14	373,390 85
Gardner Colony,	7,671 10	19,139 30	141,722 32	168,532 72	2,400 64	166,132 08
Totals,	\$371,085 82	\$66,495 90	\$799,741 04	\$1,237,322 76	\$25,848 61	\$1,211,474 15
Totals, hospitals and asylums,	\$759,080 89	\$244,997 23	\$2,582,003 35	\$3,586,081 47	\$380,845 99	\$3,205,235 48

¹ Includes interest on bank account.

² Includes Psychopathic Department.

TABLE 7. — *Receipts and Expenses, etc.* — Concluded.

	EXPENSES.				Total Receipts.	Net Expenses.
	Increase- ing Value of Plant.	Which counterbalance Depreciation.	Maintenance, exclusive of Repairs and Im- provements.	Total Expenses.		
Miscellaneous: —						
Mental Wards, State Infirmary,	—	\$12,606 44	\$125,362 35	\$137,968 79	\$1,130 91	\$136,847 88
Bridgewater Hospital (insane),	\$8,609 74	5,561 90	102,494 83	116,666 47	2,327 33	114,339 14
Monson Hospital (insane),	35,442 60	6,639 08	75,361 57	117,443 25	7,147 25	110,296 00
Foxborough Hospital (insane),	—	5,937 47	71,310 88	77,248 35	3,833 55	73,414 80
Totals,	\$44,052 34	\$30,744 89	\$374,529 63	\$449,326 86	\$14,429 04	\$434,897 82
Totals, institutions for the insane,	\$803,133 23	\$275,742 12	\$2,956,532 98	\$4,035,408 33	\$375,275 03	\$3,660,133 30
Family care,	—	—	\$43,794 37	\$43,794 37	\$1,604 65	\$42,189 72
Totals for the insane,	\$803,133 23	\$275,742 12	\$3,000,327 35	\$4,079,202 70	\$376,879 68	\$3,702,323 02
Feeble-minded: —						
School for the Feeble-minded at Waltham,	—	\$29,984 47	\$281,157 83	\$311,142 30	\$19,333 26	\$291,809 04
Wrentham School,	\$235,236 91	9,280 06	111,445 03	355,932 00	1,311 52	354,620 48
Totals for the feeble-minded,	\$235,236 91	\$39,234 53	\$392,602 86	\$667,074 30	\$20,644 78	\$646,429 52
Epileptic: —						
Monson Hospital (sane),	\$64,154 27	\$12,017 33	\$136,411 14	\$212,582 74	\$6,552 46	\$206,030 28
Hospital Cottages for Children,	—	—	9,760 80	9,760 80	—	9,760 80
Totals for epileptics,	\$64,154 27	\$12,017 33	\$146,171 94	\$222,343 54	\$6,552 46	\$215,791 08
Inebriates: —						
Foxborough Hospital,	—	\$2,329 54	\$27,978 43	\$30,307 97	\$1,504 08	\$28,803 89
Insane institutions,	—	—	9,873 32	9,873 32	—	9,873 32
Totals for the inebriates,	—	\$2,329 54	\$37,851 75	\$40,181 29	\$1,504 08	\$38,677 21
Aggregates,	\$1,102,524 41	\$329,323 52	\$3,576,933 90	\$5,008,801 83	\$405,581 00	\$4,603,220 83

TABLE 8. — *General Statement as to Special Appropriations.*

EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1914.								
INSTITUTIONS.	Balances brought forward from Previous Years.	New Appropriations.	Total of Live Appropriations.	FOR CONSTRUCTION.				
				Land.	BUILDINGS FOR PATIENTS.			BUILDINGS FOR NURSES.
					New and Additions.	Repairs.	New and Additions.	Repairs.
The insane:—								
State hospitals and asylums:—								
Worcester Hospital,	\$28,741 13	—	\$28,741 13	—	\$1,928 95	—	\$11,508 74	—
Taunton Hospital,	17,919 20	—	17,919 20	—	8,804 72 ¹	—	—	—
Northampton Hospital,	3,930 47	\$23,958 13	27,888 60	—	883 00	—	—	—
Danvers Hospital,	—	—	—	—	—	—	—	—
Westborough Hospital,	78,526 67	—	78,526 67	—	12,382 69	—	—	—
Boston Hospital, ²	303,040 04	498 57	303,538 61	\$35,800 00	75,646 63	—	—	—
Totals,	\$432,157 51	\$24,456 70	\$456,614 21	\$35,800 00	\$90,645 99	—	\$11,508 74	—
Worcester Asylum,	\$447,254 00	\$22,500 00	\$469,754 00	—	\$143,345 32	—	\$73,841 56	—
Medfield Hospital,	1,220 50	25 53	1,246 03	—	—	—	—	—
Gardner Colony,	4,779 11	3,500 00	8,279 11	—	4,351 79	—	—	—
Totals,	\$453,253 61	\$26,025 53	\$479,279 14	\$35,800 00	\$152,697 11	—	\$73,841 56	—
Totals, hospitals and asylums,	\$885,411 12	\$50,482 23	\$935,893 35	—	\$252,343 10	—	\$85,350 30	—
Miscellaneous:—								
Monson Hospital,	\$126,428 21	\$8,400 00	\$134,828 21	—	\$93,417 62	—	—	—
Foxborough Hospital,	—	3,500 00	3,500 00	—	—	—	—	—
School for the Feeble-minded at Waltham,	—	87,500 00	87,500 00	—	130,183 21	—	\$25,364 92	—
Wrentham School,	292,649 03	—	292,649 03	—	—	—	—	—
Totals,	\$419,077 24	\$90,400 00	\$518,477 24	—	\$223,600 83	—	\$25,364 92	—
Totals, hospitals, asylums and miscellaneous,	\$1,304,488 36	\$149,882 23	\$1,454,370 59	\$35,800 00	\$475,943 93	—	\$110,715 22	—
Mental Wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	\$9,964 07	—	\$9,964 07	—	\$8,609 74	—	—	—
Totals,	\$9,964 07	—	\$9,964 07	—	\$8,609 74	—	—	—
Aggregates,	\$1,314,452 43	\$149,882 23	\$1,464,334 66	\$35,800 00	\$484,553 67	—	\$110,715 22	—

² Includes Psychopathic Department.¹ Nurses and patients.

TABLE 8. — *General Statement as to Special Appropriations* — Continued.

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1914 — Con.							
	For Construction — Con.				For Furnishing and Equipping.			
	BUILDINGS FOR FARM, STABLE AND GROUNDS.		ALL OTHER BUILDINGS.		TOTAL BUILDINGS.		FOR PATIENTS.	
	New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.	First Furnishing and Equipping.	Repairs and Renewals.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$3,123 60	—	—	—	\$16,561 29	—	\$1,628 75	—
Taunton Hospital,	—	—	—	—	8,804 72	—	8,214 99 ¹	—
Northampton Hospital,	4,396 10	—	—	—	5,279 10	—	—	—
Danvers Hospital,	—	—	—	—	—	—	—	—
Westborough Hospital,	—	—	—	—	12,382 69	—	166 75	—
Boston Hospital, ²	—	—	\$149,100 88	—	224,747 51	—	15,496 83	—
Totals,	\$7,519 70	—	\$149,100 88	—	\$267,775 31	—	\$25,507 32	—
Worcester Asylum,	—	—	—	—	\$263,941 11	—	—	—
Medfield Hospital,	—	—	\$41,754 23	—	—	—	—	—
Gardner Colony,	\$900 53	—	—	—	5,252 32	—	\$424 84	—
Totals,	\$900 53	—	\$41,754 23	—	\$269,193 43	—	\$424 84	—
Totals, hospitals and asylums,	\$8,420 23	—	\$190,855 11	—	\$336,968 74	—	\$25,932 16	—
Miscellaneous: —								
Monson Hospital,	—	—	—	—	\$93,417 62	—	\$1,721 98	—
Foxborough Hospital,	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	—	—	—	—	198,604 91	—	9,600 49	—
Wrentham School,	\$1,949 42	—	\$41,107 36	—	—	—	—	—
Totals,	\$1,949 42	—	\$41,107 36	—	\$292,022 53	—	\$11,322 47	—
Totals, hospitals, asylums and miscellaneous,	\$10,369 65	—	\$231,962 47	—	\$352,991 27	—	\$37,254 63	—
Mental Wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	\$8,609 74	—	—	—
Totals,	—	—	—	—	—	—	—	—
Aggregates,	\$10,369 65	—	\$231,962 47	—	\$37,254 63	—	\$37,254 63	—

¹ Nurses and patients.² Includes Psychopathic Department.

TABLE 8. — *General Statement as to Special Appropriations — Continued.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1914 — Con.					
	FOR FURNISHING AND EQUIPPING — Con.					
	FOR NURSES.		FOR FARM, STABLE AND GROUNDS.		FOR ALL OTHER PURPOSES.	
	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$64 44	—	\$16 86	—	—	—
Taunton Hospital,	—	—	—	—	—	—
Northampton Hospital,	—	—	—	—	—	—
Danvers Hospital,	—	—	—	—	—	—
Westborough Hospital,	—	—	—	—	—	—
Boston Hospital,	—	—	—	—	\$4,034 28	—
Totals,	\$64 44	—	\$16 86	—	\$4,034 28	—
Worcester Asylum,	\$1,646 79	—	—	—	\$1,061 95	—
Medfield Hospital,	1,246 03	—	—	—	—	—
Gardner Colony,	—	—	—	—	—	—
Totals,	\$2,892 82	—	—	—	\$1,061 95	—
Totals, hospitals and asylums,	\$2,957 26	—	\$16 86	—	\$5,096 23	—
Miscellaneous: —						
Monson Hospital,	—	—	—	—	—	—
Foxborough Hospital,	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	—	—	—	—	—	—
Wrentham School,	\$4,723 15	—	—	—	\$2,943 56	—
Totals,	\$4,723 15	—	—	—	\$2,943 56	—
Totals, hospitals, asylums and miscellaneous,	\$7,680 41	—	\$16 86	—	\$8,039 79	—
Mental Wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—
Totals,	—	—	—	—	—	—
Aggregates,	\$7,680 41	—	\$16 86	—	\$8,039 79	—

1 Includes Psychopathic Department.

TABLE 8. — *General Statement as to Special Appropriations — Continued.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1914 — Con.					
	FOR FURNISHING AND EQUIPPING — Con.		FOR BETTERMENTS.			
	TOTALS.		WATER SUPPLY, EXCLUSIVE OF PLUMBING IN BUILDINGS.		SEWERAGE, EXCLUSIVE OF PLUMBING IN BUILDINGS.	
	First Furnishing and Equipping.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.
The insane: —						
State hospitals and asylums: —						
Worcester Hospital,	\$1,710 05	—	—	—	—	—
Taunton Hospital,	8,214 99	—	—	—	—	\$6,887 40
Northampton Hospital,	—	—	—	—	—	—
Danvers Hospital,	166 75	—	—	—	—	—
Westborough Hospital,	1,931 11	—	—	—	\$46,980 64	—
Boston Hospital,	—	—	—	—	—	—
Totals,	\$29,622 90	—	\$4,620 94	—	\$46,980 64	\$6,887 40
Worcester Asylum,	\$2,708 74	—	\$5,209 00	—	\$3,385 36	—
Medfield Hospital,	1,246 03	—	—	—	—	—
Gardner Colony,	424 84	—	—	—	—	—
Totals,	\$4,379 61	—	\$5,209 00	—	\$3,385 36	—
Totals, hospitals and asylums,	\$34,002 51	—	\$9,829 94	—	\$50,366 00	\$6,887 40
Miscellaneous: —						
Monson Hospital,	\$1,721 98	—	—	—	\$2,073 95	—
Foxborough Hospital,	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	—	—	—	—	—	—
Wrentham School,	17,267 20	—	\$646 80	—	\$17,298 00	—
Totals,	\$18,989 18	—	\$646 80	—	\$19,371 95	—
Totals, hospitals, asylums and miscellaneous,	\$52,991 69	—	\$10,476 74	—	\$69,737 95	\$6,887 40
Mental Wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—
Totals,	—	—	—	—	—	—
Aggregates,	\$52,991 69	—	\$10,476 74	—	\$69,737 95	\$6,887 40

1 Includes Psychopathic Department.

TABLE 8. — *General Statement as to Special Appropriations — Concluded.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1914 — CON.					Total Ex- penditures to Date.	Balance at End of Current Fiscal Year.	Reverted Balances.
	MISCELLANEOUS.			TOTAL EXPENDITURES.				
	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Total Ex- penditures during Fiscal Year.			
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,	—	—	\$18,271 34	—	\$18,271 34	\$116,805 21	\$912 21	\$9,557 58
Taunton Hospital,	—	—	17,019 71	—	17,019 71	61,100 51	899 49	—
Northampton Hospital,	\$3,075 53	—	8,354 63	\$6,887 40	15,242 03	21,311 56	12,645 37	1 20
Danvers Hospital,	—	—	—	—	—	—	—	—
Westborough Hospital,	—	—	59,649 83	—	59,649 83	81,023 16	18,810 36	66 48
Boston Hospital,	—	—	284,699 56	—	284,699 56	1,751,659 52	16,928 25	1,910 80
Totals,	\$3,075 53	—	\$387,995 07	\$6,887 40	\$394,882 47	\$2,031,899 96	\$50,195 68	\$11,536 06
Worcester Asylum, Medfield Hospital, Gardner Colony,	\$63,929 03 — 1,993 94	— — —	\$362,168 69 1,246 03 7,671 10	— — —	\$362,168 69 1,246 03 7,671 10	\$649,814 69 17,252 53 14,891 99	\$107,584 01 — 605 53	\$1 30 — 2 48
Totals,	\$65,923 57	—	\$371,085 82	—	\$371,085 82	\$681,959 21	\$108,189 54	\$3 78
Totals, hospitals and asylums,	\$68,999 10	—	\$759,080 89	\$6,887 40	\$765,968 29	\$2,713,859 17	\$158,385 22	\$11,539 84
Miscellaneous: —								
Monson Hospital,	\$2,383 32	—	\$99,596 87	—	\$99,596 87	\$103,168 66	\$35,231 34	—
Foxborough Hospital,	—	—	—	—	—	—	3,500 00	—
School for the Feeble-minded at Waltham,	—	—	—	—	—	—	144,873 07	\$39 05
Wrentham School,	—	—	235,236 91	—	235,236 91	388,687 88	—	—
Totals,	\$2,383 32	—	\$334,833 78	—	\$334,833 78	\$491,856 54	\$183,604 41	\$39 05
Totals, hospitals, asylums and miscellaneous,	\$71,382 42	—	\$1,093,914 67	\$6,887 40	\$1,100,802 07	\$3,205,715 71	\$341,989 63	\$11,578 89
Mental Wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	\$8,609 74	—	\$8,609 74	\$88,645 67	\$1,354 33	—
Totals,	—	—	\$8,609 74	—	\$8,609 74	\$88,645 67	\$1,354 33	—
Aggregates,	\$71,382 42	—	\$1,102,524 41	\$6,887 40	\$1,109,411 81	\$3,294,361 38	\$343,343 96	\$11,578 89

1 Includes Psychopathic Department.

TABLE 9. — Comparative Analysis of Pay Roll, by Departments.

MEDICAL SERVICE.				WARD SERVICE.			
INSTITUTIONS.				AVERAGE WEEKLY PER CAPITA COST.			
AVERAGE NUMBER PERSONS.				AVERAGE MONTHLY COMPENSATION.			
Full Roster.				Average Three Years, 1911-13.			
In Service, 1914.				1914.			
Average Three Years, 1911-13.				Average Three Years, 1911-13.			
Full Roster.				Full Roster Males.			
Average Number Persons, Males.				Average Number Persons, Males.			
Full Roster Females.				Full Roster Females.			
The insane:—							
State hospitals and asylums:—							
Worcester Hospital,				105			
Taunton Hospital,				72			
Northampton Hospital,				54			
Danvers Hospital,				82			
Westborough Hospital,				97			
Boston Hospital, including Psychopathic Department,				85			
Totals and averages,				495			
Worcester Asylum,				79			
Medfield Hospital,				80			
Gardner Colony,				45			
Totals and averages, hospitals and asylums,				204			
Totals and averages, hospitals and asylums,				699			
Miscellaneous:—							
Monson Hospital,				49			
Foxborough Hospital,				26			
School for the Feeble-minded at Watham,				26			
Wrentham School,				4			
Totals and averages,				105			
Totals and averages, hospitals, asylums and miscellaneous,				804			

¹ Exclusive of superintendent.² Excluding Psychopathic Department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	WARD SERVICE — CON.							GENERAL ADMINISTRATION.		
	AVERAGE MONTHLY COMPENSATION.						Full Roster.	AVERAGE NUMBER PERSONS.		
	MALES.			FEMALES.				Average Weekly Per Capita Cost.	In Service, 1914.	Average Three Years, 1911-13.
	TOTALS.		Average Three Years, 1911-13.	TOTALS.		Average Three Years, 1911-13.				
	1914.	Average Three Years, 1911-13.		1914.	Average Three Years, 1911-13.					
The insane: —										
State hospitals and asylums: —										
Worcester Hospital,	\$26 83	\$25 90	\$24 31	\$22 75	\$25 45	\$24 19	103	95.75 ¹	81.68	
Taunton Hospital,	30 03	29 68	24 44	27 03	27 29 ²	27 03	106	93.68 ¹	85.73	
Northampton Hospital,	33 52	31 28	27 92	27 81	30 85	29 49	48	51.91 ^{1,2}	44.47	
Danvers Hospital,	31 15	29 28	25 58	24 91	27 97	26 81	88	80.09 ¹	74.21	
Westborough Hospital,	29 61	28 87	23 97	23 51	26 51	25 79	105	96.71 ¹	92.85	
Boston Hospital, including Psychopathic Department,	32 20	29 99 ³	27 78	25 29 ³	29 34	26 95 ³	115	115.13 ¹	63.58 ³	
Totals and averages,	\$30 24	\$29 34 ³	\$25 65	\$24 90 ³	\$27 67	\$26 84 ³	565	533.27 ¹	442.52 ³	
Worcester Asylum,	\$27 72	\$26 71	\$25 19 ²	\$23 95	\$26 39 ²	\$25 25	116	106.51 ¹	79.88	
Medfield Hospital,	33 22	30 08	28 07	24 90	29 97	26 83	129	121.41 ¹	119.22	
Gardner Colony,	29 76	28 96	22 86	20 75	27 67	26 34	53	50.70 ¹	45.97	
Totals and averages,	\$30 32	\$28 60	\$26 60	\$24 22	\$28 30	\$26 21	298	278.62 ¹	245.07	
Totals and averages, hospitals and asylums,	\$30 27	\$29 41 ³	\$25 91	\$24 70 ³	\$27 85	\$26 65 ³	863	811.89 ¹	687.59 ³	
Miscellaneous: —										
Monson Hospital,	\$42 07	\$36 65	\$33 24	\$28 25	\$37 22	\$32 14	72	62.60 ¹	59.47	
Foxborough Hospital,	32 95	32 83	25 11	25 52	32 33	32 54	43	39.51 ¹	36.96	
School for the Feeble-minded at Waltham,	33 10	33 11	26 51 ²	26 40	27 43 ²	27 34	58	56.87 ¹	54.30	
Wrentham School,	44 62	35 03	27 09	28 20	28 33	28 85	20	19.87 ¹	17.64	
Totals and averages,	\$37 67	\$34 75	\$27 93	\$27 05	\$30 44	\$29 25	193	178.85 ¹	168.37	
Totals and averages, hospitals, asylums and miscellaneous,	\$31 21	\$29 89 ³	\$26 43	\$25 26 ³	\$28 37	\$27 17 ³	1,056	990.74 ¹	855.96 ³	

¹ Including superintendent.² Exclusive of refund on account of 1913 wages.³ Exclusive of Psychopathic Department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	GENERAL ADMINISTRATION — Con.				REPAIRS AND IMPROVEMENTS.			
	AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.
				Full Roster.	In Service, 1914.	Average Three Years, 1911-13.		
The Insane: —								
State hospitals and asylums: —								
Worcester Hospital,	\$33 62 ¹	\$31 30	\$0 5310 ¹	20	17 57	16 26	\$89 90	\$93 91
Taunton Hospital,	36 83 ¹	33 20	6494 ¹	10	8 11	7 63	83 95	75 12
Northampton Hospital,	40 05 ^{1,2}	34 40	51651 ²	9	7 45	6 49	82 83	79 61
Danvers Hospital,	40 40 ¹	41 58	5629 ¹	28	24 25	32 88	89 89	91 42
Westborough Hospital,	44 64 ¹	40 33	8063 ¹	8	6 20	5 78	95 97	89 56
Boston Hospital, including Psychopathic Department,	47 85 ¹	47 68 ³	9273 ¹	9	8 05	8 64 ³	80 67	77 96 ³
Totals and averages,	\$41 80 ¹	\$38 75 ³	\$0 6738 ¹	84	71 63	77 63 ³	\$87 95	\$86 06 ³
Worcester Asylum,	\$34 07 ^{1,2}	\$38 83	\$0 61181 ²	7	7 52	8 21	\$91 04	\$108 57
Medfield Hospital,	35 80 ¹	32 45	6028 ¹	16	13 75	13 05	78 95	75 50
Gardner Colony,	38 89 ¹	34 36	6404 ¹	9	7 88	6 91	85 43	79 96
Totals and averages,	\$35 72 ¹	\$34 64	\$0 6132 ¹	32	29 15	28 17	\$83 82	\$84 78
Totals and averages, hospitals and asylums,	\$39 71 ¹	\$37 23 ³	\$0 6639 ¹	116	100 78	105 80 ³	\$86 75	\$85 63 ³
Miscellaneous: —								
Monson Hospital,	\$40 80 ¹	\$36 89	\$0 6223 ¹	8	6 60	5 40	\$87 65	\$89 13
Foxborough Hospital,	44 49 ¹	36 40	1 3941 ¹	8	6 39	6 86	50 21	40 97
School for the Feeble-minded at Waltham,	46 48 ¹	36 95	3915 ¹	10	8 32	8 61	129 09	122 82
Wrentham School,	59 99 ¹	42 70	4585 ¹	4	2 96	2 64	105 29	102 62
Totals and averages,	\$45 55 ¹	\$37 39	\$0 5536 ¹	30	24 27	23 51	\$94 15	\$89 01
Totals and averages, hospitals, asylums and miscellaneous,	\$40 77 ¹	\$37 27 ³	\$0 6308 ¹	146	125 05	129 31 ³	\$88 19	\$86 25 ³

¹ Including superintendent.² Exclusive of refund on account of 1913 wages.³ Exclusive of Psychopathic Department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	FARM, STABLE AND GROUNDS.						
	Full Roster.	AVERAGE NUMBER OF PERSONS.		AVERAGE MONTHLY COM-PENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
		In Service, 1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.
The insane: —							
State hospitals and asylums: —							
Worcester Hospital,	38	41.14	44.85	\$33 05	\$30 97	\$0.2243	\$0.2360
Taunton Hospital,	22	20.61	19.23	41 36	40 38	.1604	.1701
Northampton Hospital,	21	22.78	20.08	37 16	38 96	.2103	.2025
Danvers Hospital,	22	22.82	24.44	43 11	44 73	.1542	.1737
Westborough Hospital,	40	30.09	28.76	32 97	33 19	.1851	.1852
Boston Hospital, including Psychopathic Department,	25	22.75	23.36 ¹	35 07	35 18 ¹	.1843	.1855 ¹
Totals and averages,	168	160.19	160.72 ¹	\$36 41	\$36 04 ¹	\$0.1763	\$0.1924 ¹
Worcester Asylum,	57	57.79	45.52	\$33 84	\$32 74	\$0.3296	\$0.2896
Nedfield Hospital,	35	35.17	34.42	31 43	31 43	.1590 ²	.1462
Gardner Colony,	13	11.90	7.74	52 44	48 97	.2023	.1308
Totals and averages,	105	104.86	87.68	\$35 54	\$33 66	\$0.2296	\$0.1911
Totals and averages, hospitals and asylums,	273	265.05	248.40 ¹	\$36 06	\$35 22 ¹	\$0.1938	\$0.1918 ¹
Miscellaneous: —							
Monson Hospital,	25	21.78	23.15	\$41 43	\$40 86	\$0.2202	\$0.2392
Foxborough Hospital,	11	10.71	9.71	31 99	33 21	.2717	.2036
School for the Feeble-minded at Waltham,	37	37.28	32.59	37 45	37 74	.1872	.1872
Wrentham School,	13	8.60	8.24	45 39	45 70	.1517	.2802
Totals and averages,	86	78.46	72.69	\$38 70	\$38 08	\$0.2064	\$0.2110
Totals and averages, hospitals, asylums and miscellaneous,	339	343.51	321.09 ¹	\$36 67	\$35 87 ¹	\$0.1967	\$0.1961 ¹

² Exclusive of refund on account of 1913 wages.¹ Exclusive of Psychopathic Department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Concluded.*

INSTITUTIONS.	Full Roster.	ALL PERSONS EMPLOYED.							
		AVERAGE NUMBER OF PERSONS.		NUMBER OF PERSONS TO ONE EMPLOYEE.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
		In Service, 1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.	1914.	Average Three Years, 1911-13.
The insane: —									
State hospitals and asylums: —									
Worcester Hospital,	415	368.67	333.00	3.79	4.08	\$33.81	\$33.13	\$2.0559	\$1.8752
Taunton Hospital,	299	283.67	260.23	4.32	4.06	35.15 ¹	34.02	1.8767 ¹	1.9374
Northampton Hospital,	194	177.13	153.88	5.24	5.80	38.29 ¹	37.34	1.6846 ¹	1.4869
Danvers Hospital,	311	306.92	291.70	4.80	4.97	40.45	42.06	1.9461	1.9541
Westborough Hospital,	387	357.70	322.06	3.46	3.70	34.91 ¹	34.72	2.3299 ¹	2.1659
Boston Hospital, including Psychopathic Department,	445	423.24	265.26 ²	3.24	4.01 ²	39.57	37.39 ²	2.8192	2.2167 ²
Totals and averages,	2,051	1,917.33	1,626.13 ²	3.98	4.40 ²	\$36.96	\$36.60 ²	\$2.1423	\$1.9495 ²
Worcester Asylum,	357	334.09	271.51	4.10	4.38	\$33.40 ¹	\$34.59	\$1.8811 ¹	\$1.8236
Medfield Hospital,	408	375.61	355.97	4.43	4.80	34.69 ¹	32.38	1.8068 ¹	1.5558
Gardner Colony,	146	137.11	119.47	5.19	5.64	38.62	36.72	1.7161	1.5079
Totals and averages,	911	846.81	746.95	4.42	4.78	\$34.82	\$33.87	\$1.8168	\$1.6365
Totals and averages, hospitals and asylums,	2,962	2,704.14	2,373.08 ²	4.12	4.49 ²	\$36.30	\$35.92 ²	\$2.0352	\$1.8435 ²
Miscellaneous: —									
Monson Hospital,	231	194.98	181.69	4.86	4.81	\$42.84	\$39.31	\$2.0357	\$1.8875
Foxborough Hospital,	102	83.39	79.92	3.49	4.57	41.62	40.63	2.7522	2.0526
School for the Feeble-minded at Waltham,	303	282.29	266.38	5.31	5.39	36.82 ¹	36.14	1.5995 ¹	1.5476
Wrentham School,	107	97.79	61.54	6.13	5.70	40.67	43.41	1.5296	1.7738
Totals and averages,	743	669.45	589.53	5.07	5.13	\$39.73	\$38.48	\$1.8076	\$1.7295
Totals and averages, hospitals, asylums and miscellaneous,	3,705	3,433.59	2,962.61 ²	4.30	4.62 ²	\$36.97	\$36.43 ²	\$1.9829	\$1.8181 ²

¹ Exclusive of refund on account of 1913 wages.² Exclusive of Psychopathic Department.

GENERAL STATISTICS.

TABLE 10. — *Statistical Form for State Institutions. — Prepared in Accordance with a Resolution of the National Conference of Charities and Corrections, adopted May 15, 1906.*

INSTITUTIONS.	SUPERINTENDENTS.	POPULATION.								
		NUMBER OF INMATES PRESENT AT BEGINNING OF FISCAL YEAR.			NUMBER RECEIVED DURING THE YEAR.			NUMBER DISCHARGED OR DIED DURING THE YEAR.		
		Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Worcester State Hospital,	Ernest V. Scribner, M.D., .	659	671	1,330	416	341	757	356	311	667
Taunton State Hospital,	Arthur V. Goss, M.D., . .	612	531	1,143	434	357	791	360	291	651
Northampton State Hospital,	John A. Houston, M.D., .	467	452	909	255	193	448	243	172	415
Danvers State Hospital,	George M. Kline, M.D., .	627	818	1,445	418	372	790	423	341	764
Westborough State Hospital,	Harry O. Spalding, M.D., .	533	734	1,267	311	418	729	330	453	783
Boston State Hospital, 1	Henry P. Frost, M.D., . .	588	729	1,317	1,473	1,411	2,884	1,444	1,337	2,781
Worcester State Asylum,	H. Louis Stick, M.D., . .	618	712	1,330	100	81	181	70	56	126
Medfield State Hospital,	Edward French, M.D., . .	693	1,004	1,697	23	68	91	51	95	146
Gardner State Colony,	Charles E. Thompson, M.D.,	438	243	681	61	40	101	34	14	48
Monson State Hospital,	Everett Flood, M.D., . .	471	451	922	141	135	276	127	108	235
Foxborough State Hospital,	Albert C. Thomas, M.D., .	209	-	209	12	-	12	18	-	18
Massachusetts School for the Feeble- minded at Waltham.	Walker E. Fernald, M.D., .	903	596	1,499	253	81	334	202	66	268
Wrentham State School,	George L. Wallace, M.D., .	190	233	423	116	157	273	33	34	67
Totals, . . . .	. . . .	6,998	7,174	14,172	4,013	3,654	7,667	3,691	3,278	6,969

¹ Includes Psychopathic Department.

TABLE 10. — *Statistical Form for State Institutions, etc. — Continued.*

INSTITUTIONS.	POPULATION — Con.								
	NUMBER AT END OF THE FISCAL YEAR.			DAILY AVERAGE ATTENDANCE DURING YEAR.		AVERAGE NUMBER OF OFFICERS AND EMPLOYEES DURING THE YEAR.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Worcester State Hospital,	719	701	1,420	691.93	693.41	1,385.34	185	184	369
Taunton State Hospital,	686	597	1,283	647.87	554.71	1,202.58	142	141	283
Northampton State Hospital,	469	473	942	465.73	456.04	921.77	100	77	177
Danvers State Hospital,	622	849	1,471	630.74	837.07	1,467.81	167	140	307
Westborough State Hospital,	514	699	1,213	531.10	714.91	1,246.01	181	177	358
Boston State Hospital, ¹	617	803	1,420	592.76	751.74	1,344.50	185	238	423
Worcester State Asylum,	648	737	1,385	638.59	725.51	1,364.10	178	156	334
Medfield State Hospital,	665	977	1,642	678.93	995.46	1,674.39	182	194	376
Gardner State Colony,	465	269	734	455.71	249.09	704.80	83	54	137
Monson State Hospital,	485	478	963	476.96	465.20	942.16	98	97	195
Foxborough State Hospital,	203	—	203	205.91	—	205.91	76	7	83
Massachusetts School for the Feeble-minded at Waltham,	954	611	1,565	950.00	598.00	1,548.00	89	204	293
Wrentham State School,	273	356	629	251.99	314.75	566.74	24	74	98
Totals,	7,320	7,550	14,870	7,218.22	7,355.89	14,574.11	1,690	1,743	3,433

¹ Includes Psychopathic Department.

TABLE 10. — *Statistical Form for State Institutions, etc. — Concluded.*

INSTITUTIONS.	EXPENDED.							Grand Totals.
	CURRENT EXPENSES.							
	Salaries and Wages.	Clothing.	Subsistence.	Ordinary Repairs.	Office, Domestic and Outdoor Expenses.	Totals.	New Buildings, Permanent Improvements, Land, etc.	
Worcester State Hospital,	\$149,564 21	\$9,354 43	\$88,585 31	\$15,233 60	\$96,671 25	\$359,408 80	\$18,271 34	\$377,680 14
Taunton State Hospital,	119,644 70	6,669 99	64,987 14	10,774 56	89,046 57	291,122 96	17,019 71	308,142 67
Northampton State Hospital,	81,381 94	5,055 47	54,328 67	10,208 90	47,491 00	198,465 98	15,242 03	213,708 01
Danvers State Hospital,	148,989 35	6,768 72	72,948 35	33,605 02	92,665 50	354,976 94	-	354,976 94
Westborough State Hospital,	149,871 87	7,595 31	72,880 38	13,250 89	87,898 88	331,497 33	59,649 83	391,147 16
Boston State Hospital, ¹	200,988 22	9,289 49	103,744 32	12,945 54	100,994 78	427,962 35	284,699 56	712,661 91
Worcester State Asylum,	133,914 30	14,102 97	79,184 05	11,695 62	82,156 62	321,053 56	362,168 69	683,222 25
Medfield State Hospital,	156,343 68	23,889 01	98,986 03	14,418 22	91,000 02	384,636 96	1,246 03	385,882 99
Gardner State Colony,	63,537 35	10,684 28	27,868 30	11,060 61	47,711 08	160,861 62	7,671 10	168,532 72
Monson State Hospital,	100,244 16	5,251 45	53,375 19	11,714 14	59,844 18	230,429 12	99,596 87	330,025 99
Foxborough State Hospital,	41,646 73	4,620 55	20,049 91	4,417 03	36,822 10	107,556 32	-	107,556 32
Massachusetts School for the Feeble-minded at Waltham.	129,587 20	17,130 61	58,720 18	17,095 94	88,608 37	311,142 30	-	311,142 30
Wrentham State School,	47,723 32	8,712 16	22,621 83	5,510 04	36,127 74	120,695 09	235,236 91	355,932 00
Totals,	\$1,523,437 03	\$129,124 44	\$818,279 66	\$171,930 11	\$957,038 09	\$3,599,809 33	\$1,100,802 07	\$4,700,611 40

¹ Includes Psychopathic Department.

TABLE 11. — *Classes of Persons under Supervision, their Number and Location, Oct. 1, 1914, and their Increase for the Year.*

	NUMBER.		INCREASE FOR THE YEAR.		NON-RESIDENT.		EPILEPTIC.		CRIMINAL.		OTHER CLASSES.								TOTAL INMATES.			
											VOLUNTARY.				TEMPORARY CARE.		INEBRIATES.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.				
																			MENTAL.		NON-MENTAL.	
																			Males.	Females.	Totals.	Males.
A. — Insane: —																						
Public institutions: —																						
Worcester Hospital,	717	696	1,413	60	33	93	—	—	—	—	—	—	—	—	—	—	—	—				
Taunton Hospital,	683	590	1,273	74	66	140	17	16	33	8	6	14	—	—	—	—	—	—				
Northampton Hospital,	467	467	934	11	17	28	13	12	25	2	3	5	2	1	3	3	1	4				
Danvers Hospital,	622	843	1,465	4 ³	29	25	17	9	26	3	5	8	—	—	—	—	—	—				
Westborough Hospital,	508	677	1,185	19 ³	23 ²	42 ³	1	3	4	20	9	29	4	6	10	—	—	—				
Boston Hospital,	599	782	1,381	31	62	93	12	8	20	6	6	12	3	3	6	15	18	33				
Mental Wards, State Infirmary,	203	538	741	9	22	31	16	22	38	—	—	—	—	—	—	—	—	—				
Worcester Asylum,	648	736	1,384	30	27	57	73	40	113	39	29	68	—	—	—	—	—	—				
Medfield Hospital,	665	977	1,642	28 ³	55 ²	83	36	33	69	4	10	14	—	—	—	—	—	—				
Gardner Colony,	465	969	1,434	27	26	53	—	—	—	—	—	—	—	—	—	—	—	—				
Monson Hospital,	169	170	339	10 ³	4	6 ³	169	170	339	—	—	—	—	—	—	—	—	—				
Bridgewater Hospital,	785	—	785	15 ³	15 ³	30	22	22	768	768	—	—	—	—	—	—	—	—				
Foxborough Hospital,	203	—	203	6 ³	6 ³	12	5	5	—	—	—	—	—	—	—	—	—	—				
Totals,	6,734	6,745	13,479	160	236	396	1	3	4	413	327	740	837	63	900	325	318	643				
Family care,	12	290	302	—	34 ³	34 ³	—	—	1	1	—	—	—	—	—	—	—	—				
Totals, public,	6,746	7,035	13,781	160	202	362	1	3	4	413	328	741	837	63	900	325	318	643				
Private institutions: —																						
McLean Hospital,	85	121	206	2 ³	8 ³	10 ³	17	26	43	—	2	2	—	—	—	—	—	—				
Smaller institutions,	28	107	135	—	4	4	5	18	23	1	1	—	—	—	—	—	—	—				
Totals, private,	113	228	341	2 ³	4 ³	6 ³	22	44	66	1	2	3	—	—	—	—	—	—				
Totals, public and private,	6,859	7,263	14,122	158	198	356	23	47	70	414	330	744	837	63	900	329	335	664				

¹ Includes 5 males, 6 females placed in family care by trustees.² Includes 3 males, 21 females placed in family care by trustees.³ Decrease.⁴ Includes 1 female placed in family care by trustees.⁶ Includes 1 male placed in family care by trustees.

TABLE 11. — *Classes of Persons under Supervision, etc. — Concluded.*

	NUMBER.			INCREASE FOR THE YEAR.			NON-RESIDENT.			EPILEPTIC.			SCHOOL.			CUSTODIAL.			TOTAL INMATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B. — Feeble-minded: —																					
School for the Feeble-minded at Waltham,	954	611	1,565	53	15	68	14	11	25	17	16	33	431	215	646	523	396	919	954	611	1,565
Wrentham School,	273	356	629	83	123	206	—	—	—	—	—	—	122	86	208	151	270	421	273	356	629
Elm Hill Institution,	42	12	54	—	1	1	31	9	40	4	2	6	22	10	32	20	2	22	42	12	54
Smaller private institutions,	5	8	13	2	2	4	—	—	—	—	—	—	3	4	7	2	4	6	5	8	13
Alms-houses and private families,	89	81	170	54	28	82	—	—	—	—	—	—	—	—	—	—	—	—	89	81	170
Totals, feeble-minded,	1,363	1,068	2,431 ²	79	112	191	45	20	65	21	18	39	578	315	893	696	672	1,368	1,363	1,068	2,431
C. — Inebriates: —																					
Insane hospitals,	—	35	35	—	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane asylums,	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	2	1	3	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, inebriates,	2	37	39 ³	2	16	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D. — Epileptics: —																					
Monson Hospital,	485	478	963	14	27	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	93	62	155	10	6	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane asylums,	152	95	247	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	17	16	33	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family care,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	6	7	13	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, epileptics,	753	659	1,412	18	30	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole number of persons under supervision,	8,593	8,759	17,352	57	184	241	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Viz: insane, feeble-minded, epileptic and inebriate,	8,540	8,676	17,216	57	179	236	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Voluntary mental patients (same),	13	27	40	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Temporary care,	22	26	48	4	17	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other classes,	18	30	48	1	13	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ Decrease.³ Exclusive of Foxborough Hospital now under control of State Board of Charity.² Exclusive of Hospital Cottages for Children now under control of State Board of Charity.

TABLE 12. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1914.

	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	Mental Wards, State Infirm.	Worcester Asylum.	Medfield Hospital.	Gardner Colony.
Remaining Sept. 30, 1913,										
Men,	1,320	1,133	906	1,440	1,227	1,288	710	1,327	1,607	681
Women,	657	609	456	626	527	568	194	618	693	438
Men,	663	524	450	814	700	720	516	709	1,004	243
Admitted within the year,										
Men,	732	744	428	764	658	1,142	138	181	91	101
Women,	407	414	243	407	291	564	64	100	23	61
From the community,	335	330	185	357	367	588	74	81	63	40
Men,	557	620	366	567	476	955	55	-	-	-
Women,	322	346	204	308	219	475	45	-	-	-
By commitment,	235	274	162	259	257	480	10	-	-	-
Men,	550	619	359	541	449	602	55	-	-	-
Women,	321	345	199	294	206	281	45	-	-	-
Voluntary,	229	274	160	247	243	321	10	-	-	-
Men,	7	1	5	26	27	353	-	-	-	-
Women,	1	1	2	14	13	194	-	-	-	-
By transfer,	6	-	3	12	14	159	-	-	-	-
From visit,	18	22	10	26	32	26	65	177	83	94
From escape,	13	21	4	47	28	21	1	1	2	1
Nominally for discharge,	5	3	4	4	3	2	2	-	2	1
Nominally for extension of visit,	139	78	45	120	119	138	15	3	4	5
Whole number of cases within the year,	2,052	1,877	1,334	2,204	1,885	2,430	848	1,508	1,788	782
Dismissed within the year,										
Men,	639	604	400	739	700	1,049	107	124	146	48
Women,	347	340	232	411	310	523	55	51	51	34
Viz.: Discharged,	292	264	168	328	390	526	52	54	95	14
Men,	314	234	153	264	253	608	27	20	10	9
Women,	162	142	93	148	108	295	16	12	2	6
Women,	152	92	60	116	150	313	11	8	8	3

Recovered,	88	45	32	52	82	145	—	4	—	—
Men,	46	30	15	49	34	68	—	3	—	—
Women,	42	15	17	3	48	77	—	1	—	—
Capable of self-support,	92	73	28	2	67	110	—	8	1	2
Improved,	52	69	43	171	69	142	—	3	1	4
Not improved,	80	47	40	36	37	202	17	5	8	3
Died,	2	—	—	3	3	109	—	—	—	—
Men,	144	217	96	182	130	203	56	75	112	12
Women,	93	127	55	91	71	102	27	40	41	11
Transferred,	51	90	41	91	59	101	29	35	71	1
On visit Sept. 30, 1914,	43	47	61	125	143	56	9	16	11	17
On escape Sept. 30, 1914,	127	103	78	160	174	174	7	8	8	5
On escape Sept. 30, 1914,	11	3	12	17	9	8	8	5	5	5
Remaining Sept. 30, 1914,	1,413	1,273	934	1,465	1,185	1,381	741	1,384	1,642	734
Men,	717	683	467	622	508	599	203	648	665	465
Women,	696	590	467	843	677	782	533	736	977	269
Supported by the State,	1,194	1,118	714	1,203	884	1,220	738	1,341	1,598	725
Reimbursing,	92	75	100	132	92	81	3	43	44	9
Private,	127	80	120	130	209	80	—	—	—	—
Daily average number,	1,378.61	1,190.43	919.95	1,467.23	1,212.54	1,305.07	722.25	1,362.75	1,674.39	704.80
State,	1,150.18	1,035.16	712.53	1,203.18	907.88	1,143.74	719.02	1,302.95	1,035.15	696.08
Reimbursing,	11.04	68.93	86.02	140.78	91.61	73.55	3.23	59.80	39.24	8.12
Private,	131.39	86.34	121.10	123.27	213.05	87.78	—	—	—	—
Persons first admitted to any insane hospital,	436	505	298	430	328	785	45	—	—	—
Men,	261	284	175	232	151	394	35	—	—	—
Women,	175	221	123	198	177	391	10	—	—	—
Recent (insane less than one year),	240	241	163	256	115	294	16	—	—	—
Chronic (insane one year or more),	158	146	99	146	145	186	29	—	—	—
Unknown,	38	118	36	28	68	305	—	—	—	—
Persons admitted from the community,	554	619	365	564	473	932	55	—	—	—
Via: From cities and large towns,	470	440	234	477	338	898	50	—	—	—
From country districts,	84	179	131	87	133	34	5	—	—	—
Unknown,	—	—	—	—	2	—	—	—	—	—
Whole number of persons within the year,	1,901	1,795	1,285	2,072	1,758	2,256	832	1,504	1,782	777
Whole number of persons admitted within the year,	588	665	332	640	536	978	123	177	87	96
Whole number of persons dismissed within the year,	497	525	355	615	580	894	92	120	141	43

¹ Includes 1 patient admitted as sane before Oct. 1, 1913, later changed to insane.

TABLE 12. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1914 — Concluded.

	Monson Hospital.	Bridgewater Hospital.	Foxborough Hospital.	Total Public Institutions.	Family Care.	Total Public.	McLean Hospital.	Smaller Institutions.	Total Private.	Total Public and Private.
Remaining Sept. 30, 1913,										
Men,	345	800	209	13,083	336	13,419	216	131	347	13,766
Women,	179	800	209	6,574	12	6,586	87	23	115	6,701
	166	-	-	6,509	324	6,833	129	103	232	7,065
Admitted within the year,										
Men,	44	96	12	5,131	40	5,171	123	199	322	5,493
Women,	20	96	12	2,692	3	2,695	66	56	122	2,817
From the community,	24	24	-	2,439	37	2,476	57	143	200	2,676
Men,	32	88	-	3,716	-	3,716	107	165	272	3,988
Women,	15	88	-	2,022	-	2,022	56	47	103	2,125
By commitment,	17	1,694	-	1,694	-	1,694	51	118	169	1,863
Men,	32	88	-	3,295	-	3,295	56	55	111	3,406
Women,	15	88	-	1,794	-	1,794	30	10	40	1,834
Voluntary,	17	-	-	1,501	-	1,501	26	45	71	1,572
Men,	-	-	-	421	-	421	51	110	161	582
Women,	-	-	-	228	-	228	26	37	63	291
By transfer,	4	1	10	193	37	193	25	73	98	291
From visit,	4	4	-	501	-	508	5	31	36	634
From escape,	-	1	1	149	-	149	3	-	4	153
Nominally for discharge,	-	5	1	28	-	28	-	-	-	28
Nominally for extension of visit,	-	1	-	676	3	679	8	2	10	689
Whole number of cases within the year,	389	896	221	18,214	376	18,590	339	330	669	19,259
Dismissed within the year,										
Men,	50	111	18	4,735	74	4,809	133	195	328	5,137
Women,	30	111	18	2,532	3	2,535	68	56	124	2,659
Viz.: Discharged,	20	68	1	2,003	71	2,074	65	139	204	2,478
Men,	6	68	1	1,972	5	1,977	96	141	237	2,214
Women,	4	68	1	1,057	1	1,058	47	42	89	1,147
	2	-	-	915	4	919	49	99	148	1,067

Recovered, Men,	19	467	—	467	44	26	70	537
Women,	19	264	—	264	20	9	29	293
Capable of self-support, Improved,	3	203	—	203	24	17	41	244
Not improved,	10	296	—	296	14	1	15	315
Not insane,	29	586	1	587	21	62	83	670
Died,	7	499	2	499	17	52	69	568
Men,	30	124	—	124	—	—	—	124
Women,	30	1,306	2	1,308	16	16	32	1,340
Transferred,	19	721	—	721	12	6	18	739
On visit Sept. 30, 1914, On escape Sept. 30, 1914,	5	585	2	587	4	10	14	601
On escape Sept. 30, 1914,	7	536	62	598	15	26	41	639
On escape Sept. 30, 1914,	1	837	3	840	5	11	16	856
On escape Sept. 30, 1914,	1	84	2	86	1	1	2	88
Remaining Sept. 30, 1914, Men,	785	13,479	302	13,781	206	135	341	14,122
Women,	785	6,734	12	6,746	85	28	113	6,859
Supported by the State, Private,	779	12,026	252	12,278	—	—	—	12,278
Daily average number, State,	793.60	701	17	718	—	—	—	718
Reimbursing,	791.10	752	33	785	206	135	341	1,126
Private,	2.50	13,276.16	318.57	13,594.73	214.37	130.47	350.84	13,945.57
Persons first admitted to any insane hospital, Men,	72	11,824.55	261.80	12,086.35	—	—	—	12,086.35
Women,	72	683.11	17.85	700.96	—	—	—	700.96
Recent (insane less than one year), Chronic (insane one year or more), Unknown,	15	768.50	38.92	807.42	214.37	136.47	350.84	1,158.26
Persons admitted from the community, Viz.: From cities and large towns, From country districts, Unknown,	87	2,925	—	2,925	61	126	187	3,112
Whole number of persons within the year, Whole number of persons admitted within the year, Whole number of persons dismissed within the year.	886	3,616	—	3,616	107	155	257	3,852
	89	2,942	—	2,942	78	110	184	3,110
	105	672	—	672	29	45	73	740
		2	—	2	—	—	—	2
		370	—	370	328	304	614	17,631
		36	—	36	115	176	261	4,033
		70	—	70	122	188	267	3,740

TABLE 13. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital.*

	COMMITMENTS.								DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT.							
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	Worcester Hospital.	TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.	
											Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
First admitted to any hospital: —																
A. — Most curable: —																
Acute hallucinosis,	1	14	42	86	49	94	36	2	1	1	24	10	7	8	15	1
Manic-depressive insanity,	38	14	42	86	49	94	36	2	361	4	4	—	—	—	—	—
Allied to manic-depressive insanity,	4	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—
Melancholia, acute,	—	3	—	—	—	—	—	3	3	—	—	—	—	—	—	—
Confusional insanity, acute,	4	3	—	1	2	4	—	—	11	2	—	—	1	—	—	—
Hysterical insanity,	—	—	—	—	3	—	—	—	3	—	—	—	—	—	—	—
Neurosthenia,	1	—	—	3	1	—	—	—	5	—	—	—	—	—	2	—
Psychoneurosis,	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
Exhaustion psychosis,	—	—	—	5	4	18	—	1	28	—	—	—	—	—	—	—
Infection exhaustion psychosis,	24	34	22	34	8	51	—	9	182	24	24	6	20	13	12	1
Alcoholic insanity, acute,	2	1	5	5	2	6	—	1	17	2	2	—	1	—	—	—
Toxic insanity, acute,	2	6	7	—	—	—	—	—	15	2	—	—	—	—	—	—
Delirium, acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total A,	76	58	71	134	69	173	36	16	633	59	17	20	19	9	39	—

[illegible]

TABLE 13. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital — Continued.*

	DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT — Concluded.								TOTAL DISCHARGES.					Died.	Aggregate Discharges and Deaths.
	WESTBOROUGH HOSPITAL.		BOSTON HOSPITAL.		MCLEAN HOSPITAL.		OTHER INSTITUTIONS.		Recovered.	Capable of Self- support.	Improved.	Not Improved.	Total Dis- charges.		
	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.							
First admitted to any hospital: — A. — Most curable: —															
Acute hallucinosis,	23	15	42	1	5	3	1	3	2	1	73	33	3	46	332
Manic-depressive insanity,	—	—	—	—	—	—	—	—	131	49	—	—	—	—	—
Allied to manic-depressive in- sanity,	—	—	3	—	4	—	—	—	7	—	2	—	9	4	9
Melancholia, acute,	—	—	—	—	—	—	—	—	4	—	—	—	4	4	4
Confusional insanity, acute,	3	1	—	—	—	—	—	—	1	1	7	1	14	3	14
Hysterical insanity,	—	—	—	—	—	—	—	—	1	1	2	2	3	—	—
Neurasthenia,	—	—	—	—	1	—	—	—	1	—	2	2	3	—	—
Psychoneurosis,	—	—	—	—	—	—	—	—	2	—	2	2	6	—	—
Exhaustion psychosis,	3	—	2	—	—	—	—	—	3	—	5	1	3	11	14
Infection exhaustion psychosis,	11	3	33	—	2	—	—	—	124	23	18	7	172	12	174
Alcoholic insanity, acute,	3	—	2	—	—	—	—	—	7	—	4	1	13	1	14
Toxic insanity, acute,	—	—	—	—	—	—	—	—	3	—	—	—	4	9	13
Delirium, acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total A,	43	19	82	1	5	3	13	3	295	74	113	47	529	87	616

Alcoholic insanity, chronic,	5	6	6	8	5	5	—	—	1	36	—	4	3	—	—	1	—	1
Toxic insanity, chronic,	—	1	5	2	—	—	—	—	—	3	—	—	—	—	—	—	—	1
Korsakow's psychosis,	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	1
Dementia praecox,	49	—	—	24	56	—	—	2	10	216	—	12	—	5	—	3	—	—
Allied to dementia praecox,	—	—	—	—	31	—	—	—	—	33	—	—	—	—	—	—	—	—
Dementia secondary,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia,	1	2	1	—	—	—	—	—	—	5	—	—	—	1	—	1	—	—
Paranoid condition,	6	—	—	3	—	—	—	1	—	13	—	—	—	—	—	—	—	—
Delusional insanity, chronic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total B,	70	64	36	41	63	47	—	5	12	338	—	18	3	6	1	6	—	2
Total A, B,	103	91	57	108	112	137	—	41	17	666	23	23	6	13	10	7	8	2
C. — Most incurable:—																		
General paralysis,	2	10	3	7	3	3	—	2	1	31	—	—	—	—	—	—	—	—
Coarse brain lesions,	6	1	1	4	4	3	—	1	—	20	—	—	—	—	—	—	—	—
Epileptic insanity,	3	—	2	1	2	3	—	—	8	19	—	—	—	—	—	—	—	—
Imbecility,	2	4	3	15	8	1	—	—	2	35	—	—	—	—	—	1	—	—
Senile insanity,	3	5	2	1	3	3	—	—	—	17	—	—	—	—	—	—	—	—
Total C,	16	20	11	28	20	13	—	3	11	122	—	—	—	—	—	1	—	—
Total A, B, C,	119	111	68	136	132	150	—	44	28	788	23	23	6	13	10	8	8	2
D. — Undiagnosed,	2	4	—	1	16	20	—	2	—	45	—	—	—	—	—	—	—	—
Not insane,	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—
Total D,	2	4	—	1	16	20	—	2	4	49	—	—	—	—	—	—	—	—
Total other admissions,	121	115	68	137	148	170	—	46	32	837	23	23	6	13	10	8	8	2
Aggregates:—																		
Total A,	109	85	92	201	118	263	—	72	21	961	82	22	30	27	28	10	47	—
Total B,	255	315	138	135	182	290	—	9	76	1,410	1	60	15	40	4	22	2	2
Total C,	163	184	127	221	130	249	—	15	68	1,157	7	—	—	4	—	6	1	—
Total D,	20	36	9	10	46	153	—	11	10	295	5	3	—	2	—	2	1	—
Grand total,	557	620	366	567	476	955	—	107	175	3,823	88	92	45	73	32	38	52	2

[illegible]

¹ Includes 124 patients discharged as not insane.

TABLE 14. — *Probable Causes of Mental Disease in Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

	First admitted.	PREDISPOSING CAUSES.		
		Hereditary Tendency.	Neurotic Tendency.	Alcoholic Intemper- ance.
A. — Physical: —				
Acute infectious disease,	5	—	1	—
Adolescence,	30	8	6	4
Adolescence and other causes,	4	—	3	—
Alcoholic intemperance,	363	25	15	261
Alcoholic intemperance and other causes.	15	5	2	13
Anæmia,	1	—	—	—
Arteriosclerosis,	97	3	3	9
Arteriosclerosis and other causes,	4	—	—	—
Birth palsy,	1	—	—	—
Brain tumor,	3	—	—	—
Carcinoma,	3	15	—	—
Cardio renal disease,	6	—	—	1
Cerebral hemorrhage,	37	—	2	2
Cerebral hemorrhage and other causes.	1	—	—	—
Cerebral tumor,	2	—	1	—
Childbearing,	24	5	2	1
Chorea,	5	—	—	—
Coarse brain lesions,	2	—	—	1
Congenital,	242	50	23	14
Cretinism,	1	—	—	—
Diabetes,	1	—	—	—
Diphtheria,	1	—	—	—
Drug habit,	15	1	2	2
Eclampsia,	1	—	—	—
Encephalitis,	1	—	—	—
Epilepsy,	45	3	7	3
Heredity,	170	112	35	16
Heredity and other causes,	11	11	4	5
Hyperthyroidism,	3	—	—	—
Infectious disease,	2	—	—	—
Involution,	24	5	3	4
Involution and other causes,	1	—	—	—
Lead poisoning,	3	—	—	—

TABLE 14. — *Probable Causes of Mental Disease in Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital* — Concluded.

	First admitted.	PREDISPOSING CAUSES.		
		Hereditary Tendency.	Neurotic Tendency.	Alcoholic Intemper- ance.
A. — Physical — <i>Con.</i>				
Meningitis,	3	—	—	—
Menopause,	36	2	—	3
Multiple sclerosis,	2	—	—	—
Nephritis,	2	—	—	—
Nephritis and arteriosclerosis,	1	—	—	—
Neuropathic,	—	—	1	—
Pellagra,	4	—	—	—
Post operative,	6	—	—	—
Pyelo-nephritis,	1	—	—	—
Senility,	163	20	14	27
Senility and arteriosclerosis,	171	—	—	—
Sexual excess,	1	1	—	—
Sexual shock,	1	—	—	—
Somatic disease,	34	2	4	1
Syphilis,	249	14	19	32
Syphilis and other causes,	1	—	—	—
Trauma,	21	3	1	8
Tuberculosis,	6	—	1	—
Uremia,	3	3	—	2
Uterine trouble,	1	—	—	—
Total physical,	1,830	288	149	409
B. — Mental: —				
Change in environment,	2	1	—	—
Domestic and financial trouble,	6	1	1	—
Fright,	2	—	—	—
Grief,	8	2	—	—
Overwork,	33	3	5	2
Worry and other causes,	57	10	21	1
Total mental,	108	17	27	3
Totals,	1,938	305	176	412
Unknown,	867	94	50	53
Not insane,	181	—	—	—
Totals,	2,986	399	226	465

TABLE 15. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
A. — Recovered: —												
Under 1 month,	107	48	155	32	16	48	13	4	17	4	—	4
From 1 to 3 months,	37	40	77	74	34	108	58	21	79	3	2	7
3 to 6 months,	23	12	35	57	48	105	37	27	64	9	13	27
6 to 12 months,	15	16	31	33	30	63	47	40	87	11	16	27
1 to 2 years,	3	8	11	14	10	24	20	26	46	16	20	36
2 to 5 years,	6	4	10	6	4	10	13	8	21	19	27	46
5 to 10 years,	4	—	4	2	—	2	7	2	9	2	5	7
10 to 20 years,	—	—	—	—	—	—	—	—	—	2	1	3
Over 20 years,	2	—	2	—	—	—	2	—	2	—	—	—
Totals,	197	128	325	218	142	360	197	128	325	66	77	143
Unknown,	21	14	35	—	—	—	21	14	35	—	6	6
Totals,	218	142	360	218	142	360	218	142	360	66	83	149
Average of known cases (in months),	0.26	0.24	0.25	0.36	0.26	0.32	0.52	0.54	0.53	3.30	3.31	3.31
										2.37	1.73	2.02

TABLE 17. — *Civil Condition of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

CIVIL CONDITION.	1914.			ELEVEN YEARS, 1904-14.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Unmarried,	762	513	1,275	6,967	5,019	11,986
Married,	664	561	1,225	6,112	5,196	11,308
Widowed,	192	240	432	1,594	2,478	4,072
Divorced,	20	19	39	175	197	372
Unknown,	13	2	15	167	63	230
Totals,	1,651	1,335	2,986	15,015	12,953	27,968

TABLE 18. — *Occupations of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

OCCUPATIONS.	1914.			ELEVEN YEARS, 1904-14.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Educated or professional, . . .	63	54	117	551	455	1,006
Domestic,	31	274	305	220	2,174	2,394
Farmers,	50	—	50	630	—	630
Housekeepers,	—	529	529	—	5,402	5,402
Laborers,	403	—	403	3,263	—	3,263
Mechanical,	396	9	405	3,157	40	3,197
Operatives,	141	79	220	1,368	906	2,274
Traders,	150	34	184	1,472	263	1,735
Miscellaneous,	235	82	317	2,408	730	3,138
Totals,	1,469	1,061	2,530	13,069	9,970	23,039
No occupation,	163	255	418	1,742	2,781	4,523
Unknown,	19	19	38	204	202	406
Totals,	1,651	1,335	2,986	15,015	12,953	27,968

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital.*

INSTITUTIONS.	INSANE COMMITMENTS.			FIRST CASES OF INSANITY — PERCENTAGES.									
	ALL.	First to Any Hospital.	PERCENTAGE OF FIRST CASES OF INSANITY.		NATIVITY.								
			1914.	Average Five Years, 1910-14.	PATIENTS.		MOTHERS, NATIVE.		FATHERS, NATIVE.				
					MASSACHUSETTS.	NATIVE.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	
Worcester Hospital,	557	436	78.28	80.58	31.19	31.82	48.62	47.67	27.49	26.83	27.23	25.35	
Taunton Hospital,	620	505	81.45	81.11	34.14	39.44	47.39	52.17	31.83	33.68	30.47	32.49	
Northampton Hospital,	366	298	81.42	80.76	39.46	37.97	60.20	57.69	33.93	35.67	30.07	34.07	
Danvers Hospital,	567	430	75.84	79.32	42.15	40.20	58.55	56.16	37.07	34.36	36.89	34.21	
Westborough Hospital,	476	328	68.91	74.53	45.09	44.06	61.04	61.92	40.33	40.91	40.33	40.59	
Boston Hospital,	954	785	82.29	82.17	42.27	39.62	55.03	52.95	25.27	24.30	24.80	23.22	
Mental Wards, State Infirmary,	55	45	81.82	86.99	4.44	16.04	20.00	32.50	9.52	17.82	11.63	18.54	
Bridgewater Hospital,	88	72	81.82	82.47	19.44	29.04	31.94	45.35	18.57	22.02	18.57	23.39	
Other public institutions,	32	26	81.25	90.56	57.69	73.42	76.92	83.02	47.83	38.16	30.43	39.26	
Totals and averages, public,	3,715	2,925	78.73	80.31	38.22	38.63	53.73	54.08	30.82	31.42	29.88	30.62	
McLean Hospital,	107	61	57.01	65.16	45.90	50.21	78.69	80.86	72.13	68.71	67.21	65.59	
Totals and averages, public and McLean,	3,822	2,986	78.13	79.74	38.38	39.05	54.25	55.00	31.72	32.72	30.70	31.85	

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY -- PERCENTAGES -- CON.													
INSTITUTIONS.	DURATION PRIOR TO COMMITMENT -- CON.						CAUSES ASSIGNED BY HOSPITAL PHYSICIANS.						
	UNDER 6 MONTHS.		UNDER 3 MONTHS.		CONGENITAL.		HEREDITY.		HEREDITY AND OTHER CAUSES.		TOTAL HEREDITY.		
	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	
Worcester Hospital,	49.75	47.47	40.70	36.84	11.01	13.28	9.86	10.50	7.57	11.39	17.43	21.89	
Taunton Hospital,	54.26	55.66	46.77	46.46	5.54	12.15	10.89	9.24	8.71	7.70	19.60	16.94	
Northampton Hospital,	44.27	47.79	44.27	39.55	33.22	27.74	5.03	10.70	11.74	12.81	16.77	23.51	
Danvers Hospital,	46.77	46.57	35.32	35.07	6.51	5.78	13.26	10.98	5.35	6.35	18.61	17.33	
Westborough Hospital,	31.92	48.31	21.92	34.91	6.10	5.92	-	1.83	17.07	16.07	17.07	17.90	
Boston Hospital,	50.63	50.17	38.54	38.39	1.27	1.54	-	-	7.39	10.69	7.39	10.69	
Mental Wards, State Infirmary,	20.00	35.86	11.11	15.39	4.44	11.26	-	-	8.89	17.57	8.89	17.57	
Bridgewater Hospital,	26.53	25.23	20.41	17.48	9.72	8.78	-	-	9.72	10.65	9.72	10.65	
Other public institutions,	100.00	20.00	100.00	20.00	-	-	-	-	30.77	18.07	30.77	18.07	
Totals and averages, public,	48.29	49.07	38.28	37.88	8.27	8.61	5.81	6.40	9.16	10.95	14.97	17.35	
McLean Hospital,	59.02	53.88	40.98	37.03	-	-	-	-	31.15	43.06	31.15	43.06	
Totals and averages, public and McLean,	48.57	49.25	38.35	37.85	8.10	8.32	5.69	6.17	9.61	12.07	15.30	18.24	

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY — PERCENTAGES — Con.											
FORMS OF MENTAL DISEASE.											
PERSONS TO FIRST CASES.											
CURABLE.				GENERALLY INCURABLE.							
A.		B.		C.		B and C.		A.		RECOVERIES TO FIRST RECOVERIES.	
1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	GENERALLY INCURABLE.	B and C.
Worcester Hospital,	17.43	44.72	46.10	33.72	32.84	78.44	73.94	90.77	94.59	1.54	2.08
Taunton Hospital,	11.49	49.70	44.20	32.43	34.03	82.18	73.23	69.23	73.91	30.77	25.40
Northampton Hospital,	23.83	34.23	33.18	38.92	41.30	73.15	74.48	86.36	88.54	13.64	11.46
Danvers Hospital,	31.15	21.86	28.22	44.88	38.53	66.74	66.75	88.64	83.47	6.82	5.88
Westborough Hospital,	21.04	26.46	35.52	33.54	31.53	69.82	67.05	76.79	73.16	21.43	25.40
Boston Hospital,	22.04	30.96	31.27	30.06	33.55	61.02	64.82	80.39	88.55	9.80	6.48
Mental Wards, State Infirmary,	15.56	40.00	37.74	44.44	50.94	84.44	88.03	—	40.00	—	—
Bridgewater Hospital,	12.50	63.89	59.59	15.28	20.39	79.17	79.98	92.86	90.81	—	1.43
Other public institutions,	—	—	—	100.00	100.00	100.00	100.00	—	26.66	100.00	53.34
Totals and averages, public,	20.41	36.52	36.81	34.97	35.61	71.49	72.42	81.98	83.21	12.50	13.10
McLean Hospital,	59.02	6.56	17.31	19.67	16.37	26.23	33.68	81.25	88.40	—	1.53
Totals and averages, public and McLean,	21.20	35.90	36.15	34.66	34.97	70.56	71.12	81.94	83.60	11.94	12.19

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Concluded.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.									
FORMS OF MENTAL DISEASE — CON.									
INSTITUTIONS.	COARSE BRAIN LESIONS.		EPILEPTIC INSANITY.		IMBECILITY.		SENILE INSANITY.		Average Five Years, 1910-14.
	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	1914.	Average Five Years, 1910-14.	
Worcester Hospital,	3.90	5.24	2.29	1.51	4.13	3.14	13.99	12.85	
Taunton Hospital,	5.15	5.85	2.38	2.70	5.54	4.59	10.30	14.30	
Northampton Hospital,	13.09	9.04	1.34	2.03	9.06	10.60	11.07	15.65	
Danvers Hospital,	10.93	10.74	2.79	2.14	8.14	6.86	9.53	7.36	
Westborough Hospital,	4.88	7.39	2.44	1.65	7.93	6.23	10.98	9.97	
Boston Hospital,	10.06	6.11	1.27	1.17	1.53	2.21	9.30	13.20	
Mental Wards, State Infirmary,	4.44	6.32	-	0.68	2.22	15.78	22.22	18.08	
Bridgewater Hospital,	1.39	1.88	5.56	3.42	1.39	5.17	4.17	3.98	
Other public institutions,	-	-	100.00	100.00	-	-	-	-	
Totals and averages, public,	7.76	7.20	2.94	3.23	5.06	5.35	10.56	11.41	
McLean Hospital,	8.20	7.45	-	0.57	-	-	-	0.61	
Totals and averages, public and McLean,	7.77	7.23	2.88	3.10	4.96	5.17	10.35	11.05	

TABLE 20. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.		Number.	PERCENTAGE OF ALL RECOVERIES OF INSANE ON —						FIRST CASES OF INSANITY.				
			COMMITMENTS.		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		RECOVERIES.				
			1914.	Average Three Years, 1912-14.	1914.	Average Three Years, 1912-14.	1914.	Average Three Years, 1912-14.	Number.	PERCENTAGE OF FIRST CASES.			

TABLE 20. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital — Concluded.*

INSTITUTIONS.	FIRST CASES OF INSANITY — CON.									
	CURABLE CASES — GROUP A.				MANIC-DEPRESSIVE INSANITY.			ACUTE ALCOHOLIC INSANITY.		
	Num-ber.	PERCENTAGE OF FIRST CASES.		Num-ber.	RECOVERIES.		Num-ber.	PERCENTAGE OF FIRST CASES.		Num-ber.
		1914.	Average Five Years, 1910-14.		1914.	Average Five Years, 1910-14.		1914.	Average Five Years, 1910-14.	
Worcester Hospital,	76	17.43	19.47	59	77.63	59.68	38	8.72	9.30	24
Taunton Hospital,	58	11.49	15.18	27	46.55	44.24	14	2.77	4.06	34
Northampton Hospital,	71	23.83	24.31	19	26.76	42.77	42	14.09	14.71	22
Danvers Hospital,	134	31.16	25.14	39	29.10	32.17	86	20.00	13.72	34
Westborough Hospital,	69	21.04	26.46	43	62.31	49.97	49	14.94	17.44	8
Boston Hospital,	173	22.04	25.85	82	47.40	42.22	94	11.97	13.15	51
Mental Wards, State Infirmary,	7	15.56	10.99	-	-	9.45	-	-	2.86	5
Bridgewater Hospital,	9	12.50	13.13	13	-	-	2	2.78	4.22	4
Other public institutions,	-	-	-	-	-	-	-	-	-	-
Totals and averages, public,	597	20.41	21.59	282	47.24	45.34	325	11.11	11.23	182
McLean Hospital,	36	59.02	54.23	13	36.11	45.41	36	59.02	48.13	-
Totals and averages, public and McLean,	633	21.20	22.69	295	46.60	45.30	361	12.09	12.45	182

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.	Number of Deaths.	PERCENTAGE OF DEATHS ON —					
		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		DISCHARGES AND DEATHS.	
		1914.	Average Five Years, 1909-13.	1914.	Average Five Years, 1909-13.	1914.	Average Five Years, 1909-13.
The insane: —							
State hospitals and asylums: —							
Worcester Hospital,	144	7.57	9.02	10.45	12.54	31.44	43.10
Taunton Hospital,	217	12.09	9.18	18.23	14.43	48.12	43.65
Northampton Hospital,	96	7.47	7.68	10.44	10.69	38.55	38.05
Danvers Hospital,	182	8.78	9.60	12.40	13.55	40.81	46.94
Westborough Hospital,	130	7.39	7.74	10.72	11.10	33.51	31.41
Boston Hospital,	203	9.00	10.67	15.55	16.79	25.03	41.71
Totals and averages,	972	8.89	9.15	13.01	13.16	34.68	40.74
Worcester Asylum,	75	4.99	4.42	5.50	4.87	78.95	80.19
Medfield Hospital,	112	6.20	5.24	6.69	5.75	91.80	85.22
Gardner Colony,	12	1.54	1.85	1.70	2.19	57.14	54.92
Totals and averages,	199	4.92	4.39	5.32	4.80	83.61	80.48
Totals and averages, hospitals and asylums,	1,171	7.99	8.01	10.44	10.31	38.51	44.19
Miscellaneous: —							
Mental Wards, State Infirmary,	56	6.73	9.97	7.75	11.97	67.47	72.40
Bridgewater Hospital,	30	3.39	2.88	3.78	3.27	30.61	33.32
Monson Hospital,	35	9.11	6.77	10.34	7.70	85.37	72.81
Foxborough Hospital,	14	6.36	9.30	6.80	10.47	93.33	78.84
Totals and averages, public,	1,306	7.77	7.92	9.84	9.93	39.84	45.92
McLean Hospital,	16	4.88	5.49	7.46	9.37	14.29	14.34
Totals and averages, public and McLean,	1,322	7.73	7.89	9.80	9.92	39.00	44.29

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.		PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN MENTAL DISEASES.						
		Curable Forms (Group A).	Average Five Years 1910-14.	Senile Insanity.	Average Five Years, 1910-14.	General Paralysis.	Average Five Years, 1910-14.	Coarse Brain Lesions.
The insane: —								
State hospitals and asylums: —								
Worcester Hospital,		4.86	9.19	30.56	26.78	19.44	24.04	19.44
Taunton Hospital,		7.37	7.75	23.96	28.69	20.28	17.22	13.36
Northampton Hospital,		10.42	8.08	33.33	40.95	6.25	10.22	17.75
Danvers Hospital,		17.58	13.00	23.63	14.41	21.43	22.39	23.96
Westborough Hospital,		10.77	10.30	25.38	25.54	19.23	18.17	18.13
Boston Hospital,		15.76	14.30	26.11	29.97	22.17	22.11	19.23
Totals and averages,		11.42	10.64	26.44	26.11	19.24	19.91	18.93
Worcester Asylum,		4.00	4.43	5.33	9.50	5.33	4.39	4.15
Medfield Hospital,		7.14	4.88	—	—	—	2.21	1.91
Gardner Colony,		—	3.25	—	—	—	2.08	1.82
Totals and averages,		5.53	4.53	2.01	3.34	2.01	3.10	2.65
Totals and averages, hospitals and asylums,		10.42	9.67	22.29	22.45	16.31	17.21	14.60
Miscellaneous: —								
Mental Wards, State Infirmary,		19.64	9.85	16.07	20.58	7.14	7.50	3.57
Bridgewater Hospital,		10.00	5.54	3.33	9.45	16.67	17.81	3.33
Mosson Hospital,		—	—	—	—	—	—	—
Foxborough Hospital,		—	4.98	14.29	26.71	—	6.72	—
Totals and averages, public,		10.41	9.26	20.90	21.65	15.31	16.05	14.32
McLean Hospital,		25.00	25.28	6.25	8.23	18.75	18.65	43.75
Totals and averages, public and McLean,		10.59	9.48	20.73	21.47	15.36	16.09	14.12

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Concluded.*

PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN PHYSICAL DISEASES.											
INSTITUTIONS.											
Tuber- culosis.	Average Five Years, 1910-14.	Pneu- monia.	Average Five Years, 1910-14.	Organic Cardiac Disease.	Average Five Years, 1910-14.	Organic Renal Disease.	Average Five Years, 1910-14.	Malig- nant Tumors.	Average Five Years, 1910-14.		
The insane: —											
State hospitals and asylums: —											
Worcester Hospital,	7.64	13.89	16.88	10.42	9.37	3.47	4.45	3.47	1.93		
Taunton Hospital,	11.98	26.73	25.68	20.74	15.00	2.30	3.69	1.84	1.36		
Northampton Hospital,	4.17	9.37	4.47	9.37	9.87	1.04	0.63	3.12	4.66		
Danvers Hospital,	7.14	19.23	21.02	10.44	15.27	6.59	5.08	2.75	1.37		
Westborough Hospital,	9.23	21.54	20.31	10.00	8.98	3.85	4.96	3.85	3.61		
Boston Hospital,	4.93	18.23	25.13	14.78	11.60	5.42	4.44	3.94	2.08		
Totals and averages,	7.82	18.21	19.80	13.48	12.13	4.01	4.04	3.09	2.27		
Worcester Asylum,	24.00	5.33	15.38	21.33	20.94	2.67	6.35	2.67	4.91		
Medfield Hospital,	18.75	6.25	4.49	24.11	22.78	1.79	0.71	5.36	3.80		
Gardner Colony,	16.67	25.00	7.68	25.00	19.92	8.33	7.80	—	3.25		
Totals and averages,	20.60	7.04	8.46	23.12	21.79	2.51	3.21	4.02	4.08		
Totals and averages, hospitals and asylums,	9.99	17.16	18.10	15.12	13.80	3.76	3.90	3.25	2.55		
Miscellaneous: —											
Mental Wards, State Infirmary,	19.64	14.29	7.21	16.07	10.51	8.93	9.79	—	1.22		
Bridgewater Hospital,	40.00	6.67	4.21	6.67	17.74	—	—	—	0.62		
Monson Hospital,	14.29	22.86	16.76	5.71	5.54	2.86	1.90	—	5.26		
Foxborough Hospital,	21.43	—	13.15	7.14	32.77	50.00	18.38	—	—		
Totals and averages, public,	11.33	16.77	17.01	14.62	13.77	4.36	4.34	2.91	2.43		
McLean Hospital,	—	6.25	9.91	18.75	13.27	6.25	6.51	—	0.87		
Totals and averages, public and McLean,	11.20	16.64	16.92	14.67	13.77	4.39	4.38	2.87	2.41		

MEMBERS OF THE STATE BOARD OF INSANITY.

Date of Original Appointment.	NAME.	Residence.	Term expires.	RETIRED.	
				Date.	Reason.
September, 1898,	<i>George F. Jelly, M.D.,</i>	Boston,	—	December, 1910	Resigned.
September, 1898,	<i>Herbert B. Howard, M.D.,¹</i>	Boston,	—	January, 1902	Resigned.
September, 1898,	<i>Charles R. Codman,</i>	Barnstable,	—	September, 1906	Term expired.
September, 1898,	<i>Edward S. Bradford,</i>	Springfield,	—	February, 1900	Resigned.
September, 1898,	<i>Francis B. Gardner,</i>	Brockton,	—	February, 1902	Resigned.
February, 1900,	<i>Albert L. Harwood,</i>	Newton Center,	—	September, 1905	Term expired.
January, 1902,	<i>James B. Ayer, M.D.,</i>	Boston,	—	September, 1907	Term expired.
December, 1902,	<i>Seward W. Jones,</i>	Newton Highlands,	—	December, 1906	Resigned.
September, 1905,	<i>Michael J. O'Meara, M.D.,²</i>	Worcester,	—	July, 1914	Term expired.
October, 1906,	<i>Henry P. Field,</i>	Northampton,	—	December, 1912	Term expired.
January, 1907,	<i>William F. Whittenmore,</i>	Boston,	—	December, 1913	Resigned.
September, 1907,	<i>Herbert B. Howard, M.D.,</i>	Boston,	—	March, 1913	Term expired.
December, 1910,	<i>Edward W. Taylor, M.D.,</i>	Boston,	—	November, 1913	Term expired.
December, 1912,	<i>John Whiting Mason,</i>	Northampton,	—	July, 1914	Term expired.
March, 1913,	<i>L. Vernon Briggs, M.D.,³</i>	Boston,	—	July, 1914	Term expired.
November, 1913,	<i>James M. W. Hall,</i>	Newton,	—	July, 1914	Term expired.
January, 1914,	<i>Roger Wolcott,</i>	Milton,	—	July, 1914	Term expired.
August, 1914,	<i>Michael J. O'Meara, M.D.,</i>	Worcester,	1917	—	—
August, 1914,	<i>L. Vernon Briggs, M.D.,</i>	Boston,	August, 1916	—	—
August, 1914,	<i>Chas. E. Ward,</i>	Buckland,	August, 1915	—	—

¹ Reappointed September, 1907.² Reappointed August, 1914.³ Reappointed August, 1914.

DIRECTORIES OF INSTITUTIONS.

PUBLIC.

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Miss Georgie A. Bacon, Worcester, clerk; Mrs. Ellen N. Sheehan, Worcester; Timothy J. Foley, M.D., Worcester.

Regular meeting, first Tuesday of each month.

Superintendent, Ernest V. Scribner, M.D.

First assistant physician, B. Henry Mason, M.D.

Assistant physicians, George A. McIver, M.D., Harold C. Arey, M.D., Roy C. Jackson, M.D., Sidney M. Bunker, M.D., George E. Mott, M.D., Jennie G. McIntosh, M.D., William H. MacKay, M.D., R. Grant Barry, M.D.

Assistant pathologist, Mary E. Morse, M.D.

Treasurer, Ernest V. Scribner, M.D.

Steward, Arthur E. Gilman.

Visiting days, daily, 10 A.M. to 12 M., and 1 P.M. to 4 P.M.

Staff meetings, daily, at 8.30 A.M.

Location, Belmont Street, Worcester, one and one-half miles from Union Station (Boston & Albany, New York, New Haven & Hartford and Boston & Maine).

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Simeon Borden, Fall River, chairman; Mrs. Elizabeth C. M. Gifford, East Boston, secretary; Philip E. Brady, Esq., Attleboro; Joseph C. Desmond, New Bedford; Mrs. Margaret C. Smith, Taunton; Charles C. Cain, Jr., Taunton; Arthur B. Reed, North Abington.

Regular meeting, second Thursday of each month.

Superintendent, Arthur V. Goss, M.D.

Assistant superintendent, Horace G. Ripley, M.D.

Clinical director and pathologist, A. Myerson, M.D.

Assistant physicians, Raoul G. Provost, M.D., John F. O'Brien, M.D., Fannie C. Haines, M.D., Arthur C. Zuck, M.D.

Junior assistants, Ernest J. Clifford, M.D., Beatrice A. Reed, M.D.

TAUNTON STATE HOSPITAL (opened 1854) — *Concluded.*

Treasurer, Frank W. Boynton.

Steward, Stephen F. Tracey.

Visiting days, every day.

Staff meetings, Monday, Tuesday, Thursday, Friday, Saturday, at 8.15 A.M.

Location, Hodges Avenue, Taunton, one mile from railroad station (New York, New Haven & Hartford).

NORTHAMPTON STATE HOSPITAL (opened 1858): —

Trustees: Henry L. Williams, Northampton, chairman; Joseph W. Stevens, Greenfield, secretary; Miss Caroline A. Yale, Northampton; Luke Corcoran, M.D., Springfield; John McQuaid, Pittsfield; Charles S. Shattuck, Hatfield; Mrs. Emily N. Newton, Holyoke.

Regular meeting, first Thursday of each month.

Superintendent, John A. Houston, M.D.

Assistant physicians, Edward C. Greene, M.D., B. Angela Bober, M.D., Arthur Nelson Ball, M.D., Geraldine Oakley, M.D., Jean MacLean, M.D., Harriet M. Whitney, M.D.

Treasurer and steward, Lewis F. Babbitt.

Visiting days, for relatives or friends, every day; for the general public, every day except Sunday.

Staff meetings, Wednesdays, at 11 A.M.

Location, Prince Street ("Hospital Hill"), Northampton, one and one-half miles from the railroad station, reached by carriage (Massachusetts Central and Connecticut River branches of Boston & Maine).

DANVERS STATE HOSPITAL (opened 1878): —

Post office and railroad station, Hathorne (Boston & Maine).

Trustees: S. Herbert Wilkins, Salem, chairman; Samuel Cole, Beverly, secretary; Miss Mary W. Nichols, Danvers; Seward W. Jones, Newton Highlands; Ernest B. Dane, Boston; Miss Annie M. Kilham, Beverly; Dan A. Donahue, Salem.

Regular meeting, second Friday of each month.

Superintendent, George M. Kline, M.D.

Assistant superintendent, John B. Macdonald, M.D.

Assistant physicians, Nelson G. Trueman, M.D., John H. Travis, M.D., Alice M. Patterson, M.D., Joseph C. Fulmer, M.D., David T. Brewster, M.D., Alfred P. Chronquest, M.D., Harold I. Gosline, M.D.

DANVERS STATE HOSPITAL (opened 1878) — *Concluded.*

Pathologist, Lawson G. Lowrey, M.D.

Treasurer, Horace M. Brown.

Steward, Scott Whitcher.

Visiting days, every-day.

Staff meetings, daily, at 8 A.M.

Location, Maple and Newbury streets, Danvers, one-quarter mile from railroad station.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: John L. Coffin, M.D., Northborough, chairman; Miss Eliza C. Durfee, Fall River, secretary; William Avery Cary, Medford; George B. Dewson, Cohasset; John M. Merriam, Esq., South Framingham; Miss Sarah B. Williams, Taunton; Walter F. Mahoney, M.D., Westborough.

Regular meeting, first Thursday of each month.

Superintendent, Harry O. Spalding, M.D.

Assistant superintendent, M. M. Jordan, M.D.

Assistant physicians, H. B. Ballou, M.D., W. A. Jillson, M.D., Alice S. Cutler, M.D., Emma H. Fay, M.D., Harriet Horner, M.D., Mark Mizener, M.D., M. J. Shealey, M.D.

Pathologist, Solomon C. Fuller, M.D.

Steward, Melville L. Stacy.

Treasurer, Mabel J. Goddard.

Visiting days, every week day; Sundays, by obtaining written permission.

Staff meetings, daily, at 11.30 A.M.

Location, two and one-quarter miles from Westborough station (Boston & Albany); one mile from Talbot station (New York, New Haven & Hartford).

BOSTON STATE HOSPITAL (opened 1839): —

Post office, Dorchester Center; railroad station, Forest Hills (New York, New Haven & Hartford).

Trustees: Lehman Pickert, Brookline, chairman; Henry Le-favour, Boston, secretary; Mrs. Katherine G. Devine, South Boston; Hon. Melvin S. Nash, Hanover; Mrs. Helen B. Hopkins, Boston; John A. Kiggen, Hyde Park.

Regular meeting, at the Psychopathic Department, on the second Tuesday of each month.

BOSTON STATE HOSPITAL (opened 1839) — *Concluded.*

Superintendent, Henry P. Frost, M.D.

Assistant superintendent, Samuel W. Crittenden, M.D.

First assistant physician, Ermy C. Noble, M.D.

Assistant physicians, Mary E. Gill-Noble, M.D., John I.

Wiseman, M.D., William M. Dobson, M.D., Edmund M.

Pease, M.D., Isidor Perlstein, M.D.

Pathologist, Myrtelle M. Canavan, M.D.

Steward, William E. Elton.

Treasurer, Fred L. Brown.

Location, East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, about one-half mile from Blue Hill Avenue, one and one-half miles from railroad station; Psychopathic Department, 74 Fenwood Road, corner of Brookline Avenue.

Visiting days, 2 to 4 P.M. daily.

Psychopathic Department (opened 1912): —

Post office, 74 Fenwood Road, Boston.

Director, Elmer E. Southard, M.D.

Chief of staff, Herman M. Adler, M.D.

Executive assistant, Anna C. Wellington, M.D.

Assistant physician, James F. McFadden, M.D.

Junior assistant physicians, Harriet M. Gervais, M.D.,

Harry C. Solomon, M.D.

Assistant physician, out-patient service, Donald Gregg, M.D.

Psychologist, Robert M. Yerkes, Ph.D.

Assistant psychologist, Marjorie Sawyer, B.A.

Interné in psychology, Celio Rossy.

Internes, Hilmar Koefod, William A. MacIntyre, Earl

Bloomer, H. Alden Bunker, Jr., Edward B. Allen, Cornelia

B. J. Schorer, M.D., Mervin Freeman, Adrian G. Gould,

G. Philip Grabfield, Jonathan P. Hadfield, Carl B. Hud-

son, Donald J. MacPherson, Anna E. Steffen, DeWayne

Townsend, Harris H. Vail, Edmund S. Welles.

Chief of social service, out-patient department, Mary C. Jarrett, A.B.

Dietitian, Gertrude Innes.

Clinical historian, Elizabeth Chapman.

WORCESTER STATE ASYLUM (opened 1877): —

Trustees: trustees of Worcester State Hospital.

Superintendent and treasurer, H. Louis Stick, M.D.

WORCESTER STATE ASYLUM (opened 1877) — *Concluded.*

Assistant physicians, Arthur E. Pattrell, M.D., Hiram L. Horsman, M.D., Donald R. Gilfillan, M.D., George K. Butterfield, M.D., Mary Johnson, M.D.

Pathologist, Frederick H. Baker, M.D.

Visiting surgeon, Lemuel Woodward, M.D.

Visiting days, for relatives or friends, every day; for the general public, every day except Sunday.

Location, Summer Street, Worcester, five minutes' walk from Union Station (Boston & Albany, Boston & Maine and New York, New Haven & Hartford).

Grafton Colony: —

The Grafton Colony of this institution is situated on the main line of the Boston & Albany Railroad, between Worcester and Westborough, about eight miles from Worcester. This colony is a branch of the main institution, and in no way a separate hospital. Patients are transferred from the asylum to the colony and from the colony to the asylum in the same way as from one ward to another in the main institution. The transfer of a patient does not necessarily mean any change for either better or worse in the mental condition of the individual. Transfers are made either to relieve overcrowding or because it is believed that the one place or the other will be better for the patient. The colony is administered from the main institution in Worcester, and equal medical care and attendance is given in either place. Notice of transfer between the asylum and the colony is sent to relatives and friends of patients for their convenience in visiting. The visiting days are every day in the week, and by special request Sunday, from 9.30 A.M. to 4 P.M. The colony can be reached by trolley either from the Westborough or North Grafton stations of the Boston & Albany Railroad, or from the Lyman Street crossing of the Boston & Worcester electrics. All correspondence should continue to be addressed, as usual, to the Worcester State Asylum, Box 1178, Worcester, Mass.

MEDFIELD STATE HOSPITAL, FORMERLY MEDFIELD STATE ASYLUM (opened 1896): —

Post office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford).

MEDFIELD STATE HOSPITAL, FORMERLY MEDFIELD STATE ASYLUM (opened 1896) — *Concluded*.

Trustees: Walter Rapp, Brockton, chairman; Mrs. Sarah J. Rand, Newton Center, secretary; Mrs. Nellie Barker Palmer, South Framingham; Albert Evans, M.D., Boston; George O. Clark, M.D., Boston; David M. Kasanof, Roxbury.

Regular meeting, first Thursday following the first Tuesday of each month.

Superintendent and Treasurer, Edward French, M.D.

Assistant physicians, Lewis M. Walker, M.D., George A. Troxell, M.D., Walter Burrier, M.D., Christina Leonard, M.D., Anna Waite, M.D., Herbert W. Shaw, D.D.S.

Steward, Louis A. Hall.

Visiting days, every day.

Location, Asylum Road, one mile from Medfield Junction railroad station.

GARDNER STATE COLONY (opened 1902): —

Post office, Gardner; railroad station, East Gardner.

Trustees: Edmund A. Whitman, Cambridge, chairman; Mrs. Amie H. Coes, Worcester, secretary; William H. Baker, M.D., Lynn; John G. Blake, M.D., Boston; George N. Harwood, Barre; Mrs. Alice Miller Spring, Fitchburg; Wilbur F. Whitney, South Ashburnham.

Regular meeting, first Friday, occurring on or after the fourth day of each month.

Superintendent and treasurer, Charles E. Thompson, M.D.

Assistant superintendent, Harlan L. Paine, M.D.

Assistant physicians, Chester A. VanCor, M.D., Marion E. Kenworthy, M.D.

Visiting days, every day at any hour, including Sundays and holidays.

Location, East Gardner, two minutes' walk from East Gardner railroad station.

MONSON STATE HOSPITAL (opened 1898): —

Post office and railroad station, Palmer (Boston & Albany).

Trustees: John Bapst Blake, M.D., Boston, chairman; Mrs. Mary B. Townsley, Springfield, secretary; Michael I. Shea, M.D., Chicopee Falls; George A. Moore, M.D., Palmer; Col. Stanhope E. Blunt, Springfield; George D. Storrs, Ware.

MONSON STATE HOSPITAL (opened 1898) — *Concluded.*

Regular meeting, first Thursday of each month.

Superintendent, Everett Flood, M.D.

Assistant physicians, Morgan B. Hodskins, M.D., Ransom A. Greene, M.D., George E. King, M.D., Donald J. MacLean, M.D., Erwin S. Bundy, M.D.

Assistant physician and pathologist, Douglas A. Thom, M.D.

Assistant physician in charge of Children's Colony, Helen Taft Cleaves, M.D.

Treasurer, Miss Sarah E. Spalding.

Steward, Charles F. Simonds.

Visiting days, every day.

Staff meetings, Mondays and Saturdays, at 11.30 A.M.

Location, one mile from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914).

Trustees: Henry T. Schaefer, Boston, chairman; Sarah E. Coppinger, M.D., Boston, secretary; Thomas J. Scanlan, M.D., Boston; George C. Shields, Mansfield; Mrs. Mary Agnes, Mahan, Boston; Joseph H. Guillet, Lowell; Isaac Heller, Boston.

Regular meeting, first Thursday of each month.

Superintendent and treasurer, Albert C. Thomas, M.D.

Assistant physicians, George E. McPherson, M.D., John M. Thompson, M.D.

Steward, William A. Carpenter.

Visiting days, every day.

Staff meetings, daily, at 11 A.M.

Location, one mile north of Foxborough Center. Can be reached by trolley from Norwood or Mansfield (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post office, Tewksbury; railroad stations, Tewksbury (Western Division, Boston & Maine), Tewksbury Junction and Salem Junction (Southern Division, Boston & Maine).

Trustees: John B. Tivnan, Salem, chairman; Mrs. Nellie E. Talbot, Brookline, secretary; Leonard Huntress, M.D., Lowell; Mrs. Helen R. Smith, Newton Center; Galen L. Stone, Brookline; Prof. Walter F. Dearborn, Cambridge; Francis W. Anthony, M.D., Haverhill.

MENTAL WARDS, STATE INFIRMARY (opened 1866) — *Concluded.*

Regular meeting, usually during last week of months, alternately at State Infirmary and State Farm.

Superintendent, John H. Nichols, M.D.

Assistant superintendent and physician, George A. Peirce, M.D.

Assistant physicians, Howard F. Holmes, M.D., Alfred J. Roach, M.D., Sherman Perry, M.D., Howard K. Tuttle, M.D., Harry R. Coburn, M.D., Earl C. Willoughby, M.D., George McLeod Waldie, M.D., John C. Lindsay, M.D., Charles W. DeWolf, M.D., Hattie E. Chalmers, M.D., C. Stanley Raymond, M.D., Marie Strom Lindsay, M.D., Mabel C. Raymond, M.D.

Dentist, Frederick E. Twitchell, M.D.

Oculist, Thomas H. Odeneal, M.D.

Internes, Edward F. Regan, M.D., William E. Buck, M.D., Jeremiah Paglia, M.D., Nathan Glassman, M.D.

Visiting days, every day from 10 A.M. to 4 P.M.

Staff meetings, daily, at 8 A.M.

Location, about one-half mile from railroad and from electric cars. Coach from infirmary meets almost every train.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post office, State Farm; railroad station, Titicut (New York, New Haven & Hartford).

Trustees: trustees of State Infirmary and State Farm.

Medical director, Ernest B. Emerson, M.D.

Assistant physicians, Leonard A. Baker, M.D., John H. Weller, M.D., Lonnie O. Farrar, M.D., Wilmarth Y. Seymour, M.D.

Visiting days, every day except Sundays.

Staff meetings, usually daily, at 11 A.M.

Location, one-quarter mile from railroad station.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM (opened 1848): —

Post office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., Cambridge; Mrs. Luann L. Brackett, Boston; Thomas W. Davis, Belmont; Edward W. Emerson, M.D., Concord; Prof. Thomas N. Carver, Cambridge; Frederick H. Nash, Weston.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM
(opened 1848) — *Concluded.*

Trustees appointed by the corporation: Frank G. Wheatley, M.D., North Abington, president; Charles Francis Adams, 2d, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Frederick P. Fish, Brookline; Joseph B. Warner, Boston; Francis H. Dewey, Worcester.

Quarterly meeting, second Thursday of October, January, April and July.

Superintendent and treasurer, Walter E. Fernald, M.D.

Assistant physicians, Frederic J. Russell, M.D., Anna M. Wallace, M.D., Edith Woodill, M.D., Jonathan H. Ranney, M.D.

Visiting days, for the parents or friends of the patients, every day; for the general public, every day except Sunday.

Staff meetings, daily, at 9 A.M.

Location, near Clematis Brook station (Fitchburg Division, Boston & Maine); about one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine).

WRENTHAM STATE SCHOOL (opened 1907): —

Post office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Ellerton James, Milton, secretary; Patrick J. Lynch, Beverly; George W. Gay, M.D., Newton; Mrs. Susanna W. Berry, Nahant; Mrs. Mary Stewart Scott, Brookline; Herbert C. Parsons, Boston.

Regular meeting, second Thursday of each month.

Superintendent and treasurer, George L. Wallace, M.D.

Assistant physicians, Franklin H. Perkins, M.D., Eudora W. Faxon, M.D., Arthur R. Pillsbury, M.D.

Visiting allowed every day.

Location, Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford).

PRIVATE.

MCLEAN HOSPITAL (opened 1818): —

Department of Massachusetts General Hospital Corporation: post office and railroad station, Waverley (Boston & Maine).

McLEAN HOSPITAL (opened 1818) — *Concluded.*

President, Henry P. Walcott, M.D., Boston; treasurer, C. H. W. Foster, Needham; secretary, John A. Blanchard, Boston.

Trustees appointed by the Governor: David P. Kimball, Boston; Charles P. Greenough, Boston; Joseph H. O'Neil, Boston; Mrs. Mabel Hunt Slater, Boston.

Trustees appointed by the corporation: Henry P. Walcott, M.D., Boston, chairman; Francis H. Appleton, Boston; Nathaniel T. Kidder, Boston; C. H. W. Foster, Needham; John Lowell, Boston; Philip L. Saltonstall, Milton; George Wigglesworth, Boston; Moses Williams, Boston.

Regular meeting, usually at New England Trust Company of Boston, on Friday, at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent, George T. Tuttle, M.D.

First assistant physician, Frederick H. Packard, M.D.

Second assistant physician, Theodore A. Hoch, M.D.

Assistant physician and pathologist, E. Stanley Abbot, M.D.

Assistant in pathological psychology, F. Lyman Wells, Ph.D.

Junior assistant physicians, Clifford G. Rounsefell, M.D.,
Carl F. Vernlund, M.D.

Visiting days, week days.

Staff meetings, regularly, Tuesdays, at 8.30 A.M.; irregularly on other days, at the same hour.

Location, Pleasant Street, one-third mile from railroad station.

BOURNEWOOD, Henry R. Stedman, M.D., South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford). Fifteen minutes' walk. Carriage by previous arrangement.

CHANNING SANITARIUM, Walter Channing, M.D., 701 Chestnut Hill Avenue, Brookline. Railroad station, Reservoir (Boston & Albany). Carriage. Or Chestnut Hill street car to Chestnut Hill Avenue.

PINE TERRACE, W. F. Robie, M.D., Baldwinville (Fitchburg Division, Boston & Maine). Three minutes' walk from station.

HERBERT HALL HOSPITAL, John Merrick Bemis, M.D., Salisbury Street, Worcester. Salisbury Street electric car from City Hall Square.

NEWTON SANATORIUM, N. Emmons Paine, M.D., West Newton. Carriage. Or Newton Boulevard street car to Washington Street.

WELLESLEY NERVINE, Edward H. Wiswall, M.D., Washington Street, Wellesley.

LOCUST GROVE SANITARIUM, Miss Alice R. Cooke, Sandwich; medical director, George E. White, M.D. Carriage.

FRAMINGHAM NERVINE, Ellen L. Keith, M.D., Winter Street, Framingham.

SHERWOOD, J. F. Edgerly, M.D., Lincoln.

HIGHLAND HALL, Samuel L. Eaton, M.D., 340 Lake Avenue, Newton Highlands.

DR. REEVES' NERVINE, Harriet E. Reeves, M.D., 283 Vinton Street, Melrose Highlands.

PRIVATE HOSPITAL, George B. Coon, M.D., East Walpole (Wrentham Branch, New York, New Haven & Hartford, or Norwood Central trains and electrics).

WHEELER SANITARIUM, Mrs. Maria H. Paul, 32 Copeland Street, Roxbury. Elevated to Dudley Street; Warren Street car.

ARLINGTON HEALTH RESORT, Arthur H. Ring, M.D., Arlington Heights. Carriage.

PRIVATE HOSPITAL, Edward B. Lane, M.D., Wellesley. Address, 419 Boylston Street, Boston.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre (Southern Division, Boston & Maine).

PRIVATE HOSPITAL, H. N. Archibald, M.D. Post office, Cheshire (Boston & Albany to Pittsfield or North Adams). Electrics to Cheshire.

PRIVATE HOSPITAL FOR MENTAL DISEASES, Edward Mellus, M.D., 419 Waverley Avenue, West Newton. Carriage. Or Commonwealth Avenue car to Grant Avenue.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

CONECROFT, Robert T. Edes, M.D., 340 Summer Avenue, Reading (Portland Division, Boston & Maine). Carriage.

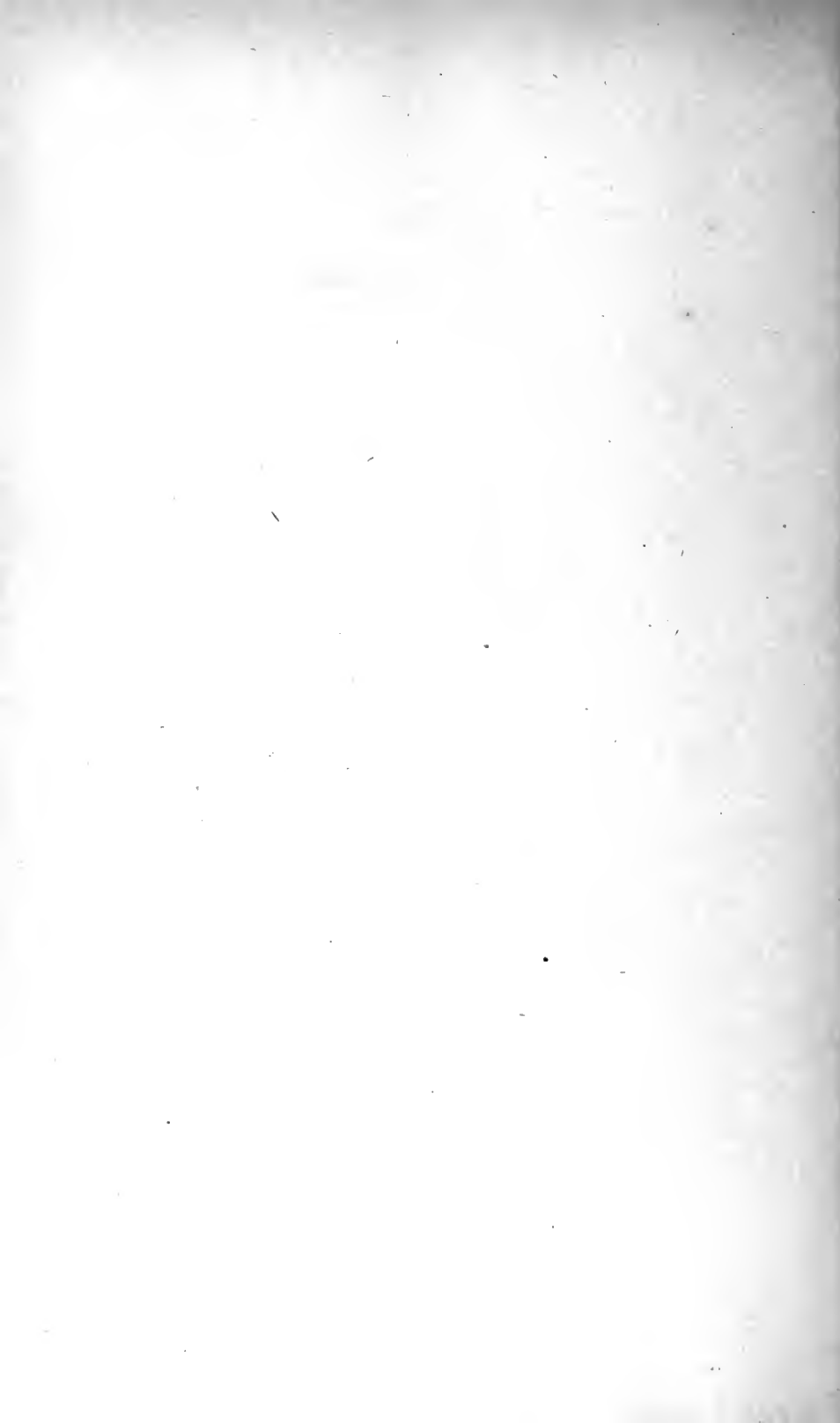
TERRACE HOME SCHOOL, Miss F. J. Herrick, Amherst (Central Massachusetts Branch, Boston & Maine). Carriage.

FISK HOSPITAL, 106 Sewall Avenue, Brookline. General manager, Chas. D. B. Fisk.

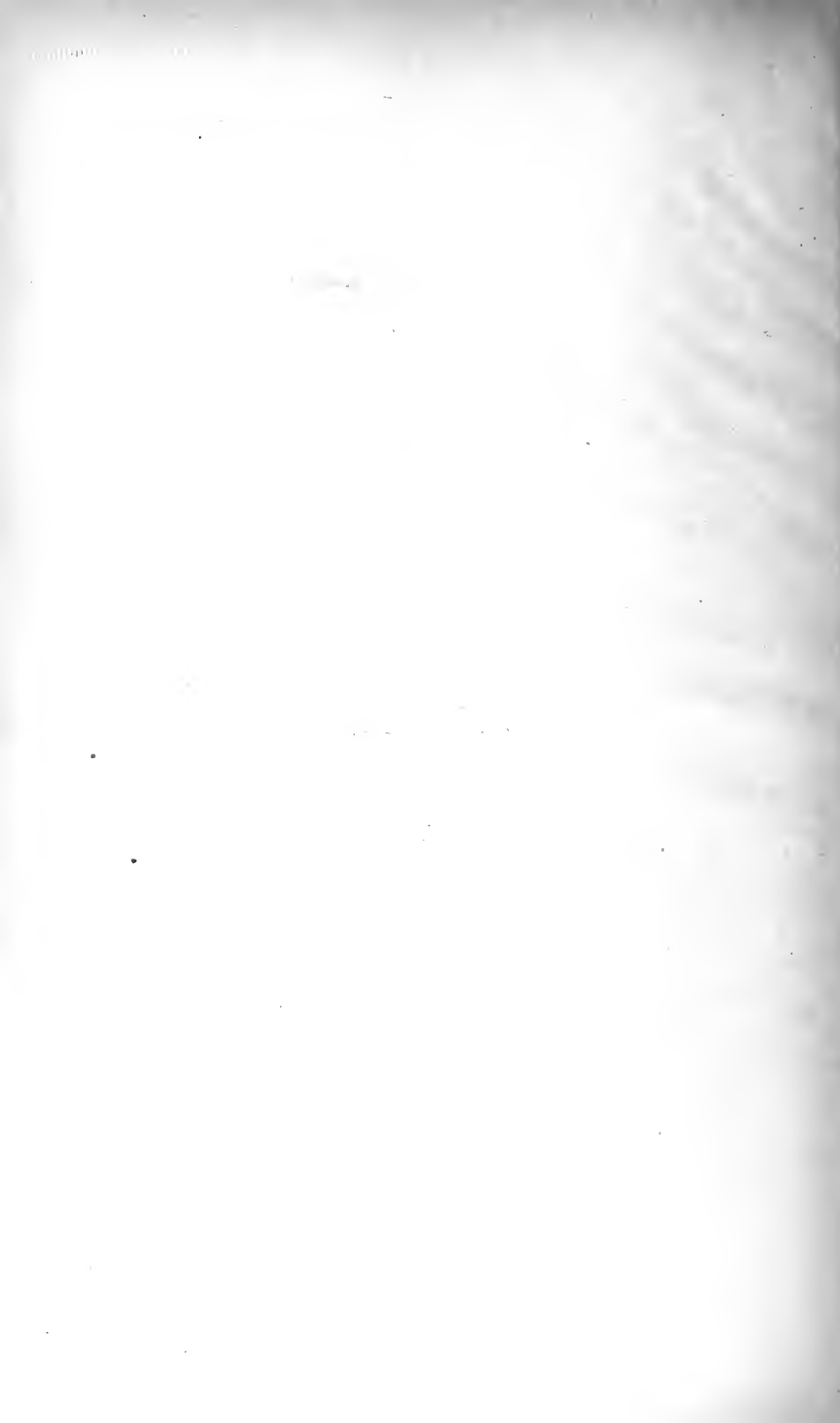
KNOLLWOOD, Earle E. Bessey, M.D., corner Beacon Street and Waban Avenue, Waban (Boston & Albany).

PRIVATE HOSPITAL, Sara E. Stevens, M.D., 31 Linnet Street, West Roxbury (New York, New Haven & Hartford).

BELLEVUE SANITARIUM, Mary W. L. Johnson, M.D., 45 Wolcott Road, Brookline.



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